



National Maternity Hospital

Founded in 1894

Holles Street, Dublin 2. Telephone: (01) 6373100. Fax: 6766623.



Master: Dr. Rhona Mahony

Application Form STUDENT MIDWIFE



Delivering the Future

A limited number of nurses will be received into this hospital as student midwives subject to the following regulations: -

Application must include:

- 1) Curriculum vitae and Covering Letter.
- 2) Birth Cert.
- 3) Evidence of registration on the General Section of the Register of An Bord Altranais.
- 4) 2 Passport size photographs.
- 5) 3 referees - 2 recent employers and 1 academic reference.
- 6) Please write a personal statement to support your application.

Please ensure all documentation is included in your application. Incomplete applications may not qualify for interview.

Student midwives will be required to provide themselves with uniform as specified by the Director of Midwifery & Nursing.

Students must observe in all respects the rules and regulations of the hospital.

N.B. - Questions to be Answered in Candidate's own Handwriting

Application for the post of _____

Please state where you saw this post advertised _____ Date _____

Website advertisement reference no. (If applicable) _____

SURNAME _____ FORENAME (S) _____

ADDRESS _____

TELEPHONE _____ MOBILE _____ E-MAIL _____

EU NATIONAL Yes No

Next of Kin _____ Relationship _____ Phone _____

Address _____

Education	Name of School or College	From	To	Details of Qualifications, Certificates, Degrees, Honours or Pass
Secondary School				
Name of Nurse Training school				
Nurse Education Institution				
Other Courses (give details)				

Present Employer - Name & Address _____

Nature of Business _____ Length of Notice Required _____

Date Commenced _____ Position _____ Salary _____

Brief Description of Duties -

DETAILS OF PREVIOUS APPOINTMENTS
(to be continued on a separate sheet if necessary)

Name & Address of Previous Employers	From	To	Brief Description of Duties	Reason for Leaving

Briefly outline the reason for your application

Have you ever been convicted of a criminal offence? Yes No

If yes, please provide details _____

Membership of Professional Body (e.g. Nursing & Midwifery Board of Ireland, INMO) Yes No

Name of Professional Body _____

Registration number and date _____

NAME & ADDRESS OF 3 REFEREES - MOST RECENT EMPLOYERS x 2 / 1 ACADEMIC

1. _____

2. _____

3. _____

I hereby apply to become a student midwife under the foregoing regulations which I have read carefully and with which I agree to comply.

Signed: _____ Date: _____



Please print this form and return
EDUCATION & PRACTICE DEVELOPMENT DEPARTMENT
NATIONAL MATERNITY HOSPITAL
HOLLES ST., DUBLIN 2.
PH: (01) 6373100 - www.nmh.ie

