VERIFICATION OF SERVICE FORM

CANDIDATE PAC NUMBER: _____

CANDIDATE NAME: _____

NB: Please refer to the eligibility criteria in the Campaign Information document. If you have been employed by more than one Health Service Provider/Employing Authority, you must complete and submit a separate Verification of Service Form for each Employer. This form must be completed by the relevant HR/Payroll Dept. or by the Director of Nursing. An employer may not include periods of previous employment with another Health Service Provider/Employing Authority, when completing the Form.

Title of post held / Grade (i.e. RGN / CNM1/CNM2 (must only be in general nursing, as per eligibility criteria)	Name of Employer	Work Location (e.g. Connolly Hospital Blanchardstown)	Date employed from (00/00/0000)	Date employed to (00/00/0000)	Length of time (please enter number of WEEKS worked)	Please indicate if employed in a full-time or part-time capacity	Hours Worked per week	If part-time, please state average hours worked per week (weekly average over a 4 week roster)
					Total =		Total =	Total =

Signed: _____ _____

On behalf of Health Service Provider/Employing Authority PRINT NAME

Position in Organisation: _____

Contact Tel. Number: _____

Contact Email Address: _____

Date: _____

Official Stamp

The Form **must be stamped** if completed by the relevant HR/Payroll Dept., failure to do so will deem it invalid. Where completed by a Director of Nursing, the Form will be accepted without an official stamp. HBS Recruit may contact the Director of Nursing to verify completed Form