

## EXPRESSION OF INTEREST

### Appointment to the Disabled Drivers Medical Board of Appeal Application Form

All sections of the application form (Sections A, B, C, D and E) must be completed, as any sections omitted may impact on candidature.

Please submit a Curriculum Vitae which includes your employment history (employers, grade in post, speciality and dates in post) and a signed cover letter with the completed application form.

#### Section A – Personal Details for Correspondence

Title	
Surname	
First Name	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4 / Country	
Contact Mobile Number	
Contact E-mail Address	

**Section B – Irish Medical Council Registration**

**At the time of application, applicants must be registered with the Irish Medical Council.**

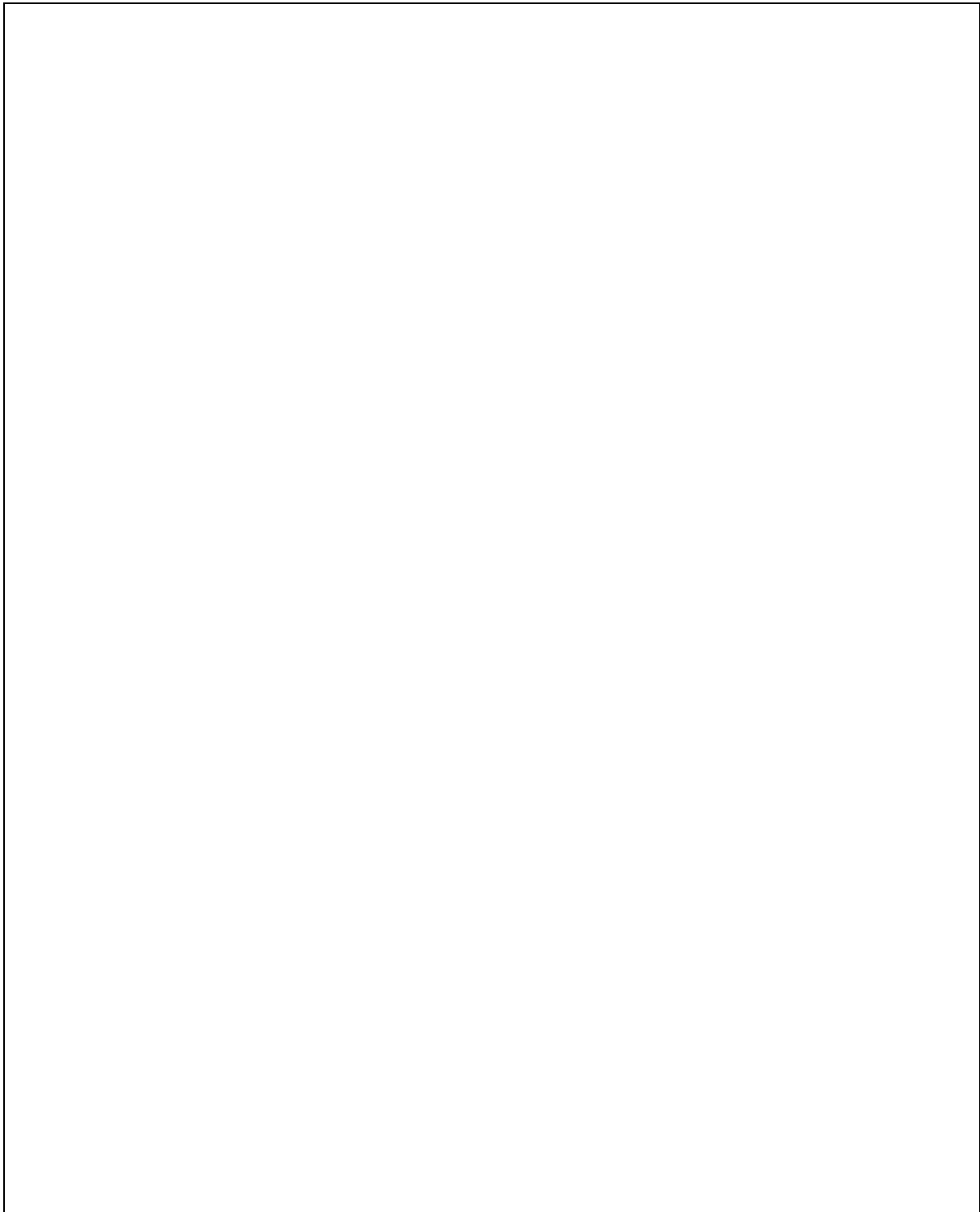
Are you registered with the Irish Medical Council – Yes / No	
Please confirm that you are not the subject of any investigation by a medical registration or licensing body or authority in any jurisdiction with regard to your medical practice or conduct as a practitioner.	

**Section C – Post Graduate Education relevant to the Expression of Interest**

Please list any Post-Graduate qualifications or courses completed relevant to this expression of interest, the awarding body and date of qualification.

**Section D – Experience relevant to the Expression of Interest**

**In a summary of no more than 400 words, please outline what from your experience to date is relevant to this Expression of Interest in line with Section 5 of the Information Booklet – Person Specification.**

A large, empty rectangular box with a thin black border, intended for the applicant to write their response to the question above. The box is currently blank.

**Section E – General Declaration**

**I declare that the information given in this application form is correct.**

**I declare that to the best of my knowledge and belief that there is nothing in relation to my conduct, character or personal background, or any nature that would adversely affect the position of trust in which I would be placed by virtue of my appointment to this position.**

Name	
Date	