Trainer Application Form for Panel

Castle House, Castle Street, Mullingar, Co. Westmeath, Ireland.
ph: 044 9332861 / fax: 044 9332861 / mobile: 087 3283787 / email: info@cleanpass.ie / web: www.cleanpass.ie

Personal Contact Information

First Name: _____ Surname: _____

Address: _____

_____

_____

Phone (Work): _____ Phone (Home) _____

Mobile: _____ Email (Optional): _____

Education (tick boxes and give details for each qualification held)

			Month / Year
Certificate	☐	_____	Date _____
Primary Degree	☐	_____	Date _____
Masters	☐	_____	Date _____
Doctorate	☐	_____	Date _____
Other	☐	_____	Date _____

General

Drivers Licence Provisional ☐ Full ☐

Availability	Mon	Tues	Wed	Thur	Fri	Sat
Day	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐

Areas of Expertise

Nursing	☐	Trainer	☐
Care or Care Assistant	☐	Teacher	☐
Microbiology	☐	Other	☐

If other please state _____

Most Recent Work Experience

Nursing		Teaching	
Hospital	☐	3rd Level College	☐
Nursing Home	☐	Secondary School	☐
Private Clinic	☐	Primary School	☐
Other	☐	Tuition	☐

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Details of Education

Course Name	Course Studies	Dates

Details of Work Experience (Starting with the most relevant)

1. Company Name | Job Title | Dates

Duties Responsibilities

2. Company Name | Job Title | Dates

Duties Responsibilities

3. Company Name | Job Title | Dates

Duties Responsibilities

4. Company Name | Job Title | Dates

Duties Responsibilities

5. Company Name | Job Title | Dates

Duties Responsibilities

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Areas of Expertise

	Under Graduate	Post Graduate	Professional	Other (Give Details)
Health & Safety	☐	☐	☐	
Manual Handling	☐	☐	☐	
Infection Control	☐	☐	☐	
Nurse Training	☐	☐	☐	
Cleaning	☐	☐	☐	
Supervisory Management	☐	☐	☐	
Auditing	☐	☐	☐	

I certify that the above information is correct

Signature _____ Date: _____