Application for Information and Communications Technology Specialist



Ollscoil na hÉireann National University of Ireland The Registrar, 49 Merrion Square, Dublin 2, D02 V583, Ireland

Phone +353 1 439 2424 Fax +353 1 439 2466 registrar@nui.ie

Title							
Surname							
First name(s)							
Residential / Postal address							
Phone							
Mobile							
Email							
Previous Employment (Please	list previous positions he	ld starting with the most recent)					
Employer		on held	Date from		Date	e to	
Educational and Professional	Qualifications						
Qualification		Academic Institution		Yea	ar co	nfer	red
				Y	Y	Y	Y
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				Y		Y	Y
				Y	Y	Y	Y
				Y	Y	Y	Y

Referees	
Referee 1	
Surname	
First name(s)	
Postal address	
Phone / Mobile	
Email	
Relationship to you	
Referee 2	
Surname	
First name(s)	
Postal address	
Phone / Mobile	
Email	
Relationship to you	
Do you require notification before y	our referees are contacted? Yes No
Application Declaration	
	in this application is, to the best of my knowledge true and correct. I understand that should any of the is application be found to be false or inaccurate in a material particular, action may be taken to
withdraw any offer of emp	
I also authorise the Univer Qualifications' above.	rsity to authenticate my qualifications with the academic institutions listed in 'Educational and Professional
(
Print name	
Signature	
Date	D D M M Y Y Y Y
Completed applications sh	nould be addressed to the Registrar and submitted by email to: registrar@nui.ie
The Closing date for rec	eipt of applications is 02 October @ 5.00pm
Your application must inc	lude:
o A completed Ap	pplication Form;
o A statement ind	icating how, on the basis of your career to date, you meet the criteria outlined in the Job Description;
o A Curriculum V	itae.