



# Office of Mission Effectiveness



*Mater Misericordiae University Hospital*

**Eccles Street, Dublin D07 R2WY, Ireland**

## INTRODUCTION TO HOSPITAL LIFE APPLICATION FORM

### **Personal Information:**

Full Name:	
Date of Birth:	
Address:	
Email Address:	
Contact Number:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

### **School Information:**

School Name:	
School Address:	
Teacher/TY Coordinator Name:	
Contact Number:	
Current School Year:	

### **Emergency Contact:**

Contact Name:	
Relationship to applicant:	
Contact Number:	



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## **Programme Information:**

Why are you interested in participating in the 'Introduction to Hospital Life Programme'? (you may tick more than one box, if applies)

<input type="checkbox"/>	Interest in a career in healthcare
<input type="checkbox"/>	Curiosity about work/study opportunities in the Mater Hospital
<input type="checkbox"/>	Desire to learn more about specific branch of healthcare
<input type="checkbox"/>	Other( please specify):
<input type="checkbox"/>	

What skills or knowledge do you hope to gain from this programme?

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How did you hear about the IHL programme?

<input type="checkbox"/>	Relative
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	School
<input type="checkbox"/>	Other( please specify):
<input type="checkbox"/>	



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## Health Information:

Do you have any medical conditions or allergies we should be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		

## Dates for upcoming IHL programme:

Please tick which programme you are applying for (you may tick more than one box, if applies):

<input type="checkbox"/>	February 26 <sup>th</sup> - 29 <sup>th</sup> 2024
<input type="checkbox"/>	April 15 <sup>th</sup> - 18 <sup>th</sup> 2024

Any queries please contact Mary at [marymccarthy@mater.ie](mailto:marymccarthy@mater.ie) or 087 4914254