

STATUTORY DECLARATION (over 18 only)

I, _____ (insert name)

of _____ (address)

in the County of _____ aged eighteen years and upwards SOLEMNLY
AND SINCERELY DECLARE as follow:-

1. This Declaration relates to my application for the position of Student Nurse/Midwife with the Health service Executive as to my suitability for that position.
2. I hereby declare that to the best of my knowledge and belief there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of my appointment to the above position. I further declare that by making this declaration, I shall undertake, as soon as practicable, to bring to the attention of the Health Service Executive any matter which may adversely affect that position of trust. I further declare that I have given my irrevocable consent to the Health Service Executive to make or cause to be made full enquiries with the Central Vetting Unit of An Garda Siochana in relation to my suitability to hold the above position with the Health Service Executive.
3. I further declare that I understand, accept and confirm the entitlement of the Health Service Executive to reject my application or terminate my employment (in the event of a contract of employment having been entered into) where I have omitted to furnish the Health Service Executive with any information relevant to my application or to my continued employment with the Health Service Executive, or where I have made any false statement of misrepresentation relevant to this application or my continuing employment with the Health Service Executive.
4. I refer to the extract from the Public Service Management (Recruitment and Selection) Act 2004, annexed hereto upon which I have endorsed my name prior to making this declaration. I say that I have read, understood and accept the provisions therein and in particular that any incorrect, false or misleading information provided during the recruitment process or any action prohibited under the Act shall jeopardise any employment with the Health Service Executive and I make this declaration with such prior knowledge.
5. I make this Solemn Declaration consciously believing it to be true for the satisfaction of the Health Service and pursuant to the provisions of the Statutory Declarations Act 1938.

Signed _____ (Signature of Student)

Print Name _____ (Print name please)

Date _____

Declared before me by _____(insert name of student)

* Whose identity has been established to me prior to the taking of this Declaration by the production of the relevant documentation (*see below*) to me of Passport/National Identity Card/Travel Document Number _____, issued on _____ by the authorities of _____ which is an issuing authority recognised by the Irish Government

or

* Who is identified to me by (*insert name*) _____ who in turn is personally known to me at _____
_____ (*state address*)

Signed _____
*Practising Solicitor/ Commissioner for Oaths / Notary Public / Peace Commissioner duly authorised by Statute to take and receive statutory declarations.

On the _____ day of _____ Year _____

Print Name _____ (Print name please)

*** Delete as appropriate**

