



National Transfer Application/ Personnel Form for use in association with NASWS015 NAS Policy- Staff Transfers Document

Please tick the appropriate box below:

* 1st Application
* Amendment
* Reactivate/Deactivate

|  |  |
| --- | --- |
| Employee Number *please state which payroll you are paid through.* |  |
| First Name |  |
| Surname |  |
| Previous Last NameIf any |  |
| DOB (DD/MM/YY) |  |
| Home Address 1 |  |
| Home Address 2 |  |
| Town/ City |  |
| County |  |
| Home Phone |  |
| Mobile Phone |  |
| Email *Please provide one only* |  |
| Commencement Date with National Ambulance Service |  |

|  |  |
| --- | --- |
| Current Clinical Position Held |  |
| Current Work Location |  |
| Contract Type Wholetime or Parttime |  |
| PHECC Pin |  |

Please insert your preferred Station in Order of preference \* \*\*

|  |  |  |
| --- | --- | --- |
| Preference | Station | Rostered/ Non Rostered |
|  |  |  |
|  |  |  |
|  |  |  |
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\**Please note preference should be given to the station and then using rostered or non rostered basis, for example if one would like to transfer to Kilkenny Station to a rostered position they should put Kilkenny Rostered as number 1 and Kilkenny unrostered as number 2. You will remain on the transfer list until your number 1 slot is facilitated.*

*\*\*Please take into consideration for any West ICV preference areas, there is only need to list station of preference as min max rostering is in place for this grade. Please do not indiciatate Rostered or non Rostered for West ICV preference areas.*

Completed forms should be forwarded to:

*By Post:* NAS HR, Ambulance HR Dept, Ambulance Headquarters, Kilcreene Hospital Campus, Ballycallan Road, Kilkenny

*By Email:* nashr@hse.ie