

LHM Casey McGrath

Graduate Application Form

Please send this form along with an updated copy of your resume to graduate.recruitment@lhmcmg.ie

PERSONAL INFORMATION	
Last Name:	First Name:
Postal Address:	
Phone No.	E-mail Address:
Date of Availability (dd-mm-yyyy)	
Are you authorised to work permanently in Ireland?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Would you prefer to study the ACCA or ACA syllabus?	ACCA <input type="checkbox"/> ACA <input type="checkbox"/>
Exemptions:	Papers Passed:

EDUCATION		
Secondary School:	Address:	
From: (dd-mm-yyyy) To: (dd-mm-yyyy)	Points obtained in the Leaving Certificate based on 6 subjects:	
Please provide details of your subjects, levels and grades in the Leaving Certificate or equivalent:		
Subject 1:	Level:	Grade:
Subject 2:	Level:	Grade:
Subject 3:	Level:	Grade:
Subject 4:	Level:	Grade:
Subject 5:	Level:	Grade:
Subject 6:	Level:	Grade:
Third Level:	Address:	
From: (dd-mm-yyyy) To: (dd-mm-yyyy)	Qualification:	
Grade Achieved:	Expected Grade:	
College:	Address	
From: (dd-mm-yyyy) To: (dd-mm-yyyy)	Qualification:	
Grade Achieved:	Expected Grade:	

EMPLOYMENT	
Company:	From: (dd-mm-yyyy) To: (dd-mm-yyyy)
Address:	Job Title:
Responsibilities:	
Company:	From: (dd-mm-yyyy) To: (dd-mm-yyyy)
Address:	Job Title:

Responsibilities:

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date: