

## Section E – Intern Employment Eligibility Assessment Payment Form

Applicants from Medical Schools outside the Republic of Ireland ONLY must complete and return this form

Applicants from Medical Schools outside the Republic of Ireland ONLY are required to pay a fee of €200 as a contribution towards the cost of providing the test.

Payment must be arranged as follows:

- You must arrange an Electronic Funds Transfer (EFT) of €200 (exclusive of bank charges) to the following account:

|                            |   |
|----------------------------|---|
| <b>Bank</b>                | Ulster Bank, College Green Branch               |
| <b>Address</b>             | PO Box 145, 33 College Green, Dublin 2, Ireland |
| <b>Beneficiary Name</b>    | Health Service Executive                        |
| <b>Beneficiary Address</b> | Dr. Steevens' Hospital, Dublin 8, Ireland       |
| <b>Account Details</b>     | HSE SS A/P – Public Account                     |
| <b>BIC</b>                 | ULSB IE 2D                                      |
| <b>IBAN</b>                | IE70 ULSB 9850 1010 8583 22                     |

- You must submit a scanned copy of the confirmation of the transfer, either the online printout or the bank receipt.
- You must also provide the following details:

1. The name of Bank from which the transfer was made:

\_\_\_\_\_

2. The address of Bank:

\_\_\_\_\_

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- You should ensure that your name (as given on your Intern application) is included on the EFT transfer documentation