**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:

|  |  |
| --- | --- |
| **Bank** | Danske Bank |
| **Address** | Irish State banking, 3rd Floor International House, 3 Harbourmaster Place IFSC Dublin 1 |
| **Beneficiary Name** | Shared Services Accounts Receivable |
| **Beneficiary Address** | HSE National Stewarts Hospital, Mill Lane, Palmerstown, Dublin D20 XT80 |
| **Account Details** | 60007862 |
| **BIC** | 951599 |
| **IBAN** | IE48DABA 9515 9960 0078 62 |
| **SWIFT** | DABAIE2D |

* 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:

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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**