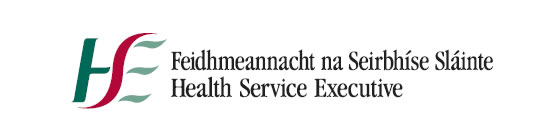
**All sections to be completed in full**



***Please return completed application form to:***

|  |  |
| --- | --- |
| **E-mail ONLY :** [***UHWAdminApplications@hse.ie***](mailto:UHWAdminApplications@hse.ie) | |
| **Closing date for applications:** | **Thursday 09th March 2017 at 5.00p.m** |

Applicant Details:

|  |  |
| --- | --- |
| Position Applied for: | ***Temporary Cleaning & Security Operations Manager, Grade VI*** |
| Position Reference No.: | *C&SCOM0903* |
| **Personal Details:** |  |
| First name : |  |
|  |  |
| Last Name: |  |
|  |  |
| Address for correspondence: | |
|  |  |

|  |  |
| --- | --- |
| **MOBILE TELEPHONE *(mandatory)***: |  |
|  |  |
| **Contact Tel No. 2:** |  |
| **E-mail Address** ***(mandatory)***:  ***(You may provide more than one)*** |  |
| **PPS Number** ***(mandatory)***: |  |

|  |
| --- |
| Where did you see this position advertised? |
|  |
| **European Economic Area**  Are you an EEA (European Economic Area) National? Yes  / No |
| **Please see Appendix 2 of the “Guidelines for completing application form” for definition of an EEA National.**  **NB If you are a non EEA citizen you must provide the requested documentation to support your application. For further information you must read “Appendix 2” in the “Guidelines for completing application form”** |

**ADDITIONAL EDUCATIONAL ACHIEVEMENTS**

**Please include second level and third level educational achievements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates**  **From MM/YY**  **To**  **MM/YY** | **Educational Institution** | **Conferring Body** | **Course of Study** | **Qualification Achieved** | **Grades Achieved** |
|  |  |  |  |  |  |
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**CURRENT CONTRACTUAL STATUS**

**I am currently a HSE employee\* Yes**  **No**

If you answered yes to the above question, please choose the option below which best matches your current contractual status:

* **I have a permanent contract**

**or**

* **I have a temporary contract**

\*HSE Employee = you are a direct employee of the HSE and not in a post funded or partially funded by the HSE

|  |  |
| --- | --- |
| **What is your current employment title?** |  |
| **Current Grade/ Level as per Consolidated Pay Scales *e.g. Senior Physiotherapist, Clinical Nurse Manager 2, Clerical Officer Grade III etc.*** |  |
| **Date of your appointment to this post** |  |

DETAILED CAREER HISTORY – listing the most recent first

**Please ensure all career history is clearly outlined below (e.g. if you took a career break, spent time out of work, please include this information so there are no gaps in your career history from when you left full-time education to present date).**

**If you work in a part-time capacity please list your monthly hours and total months of work.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **From Date 00/00/00** | **To Date**  **00/00/00** | **Average Monthly Hours** | **Total Months** | **Name of Employer** | **Title of Post** | **List of Duties** |
|  |  |  |  |  |  |  |
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| --- | --- |
| **Knowledge / Experience Relevant To The Role**  Please indicate below how your experience meets the requirements of the post. This section will be assessed by a board of Senior Managers to consider your experience as it is relevant to the post.  Short listing will occur based on the information provided here and in the other areas of this application form. Please complete each section below.  *Please include dates i.e. from x date to x date, the name of the employer /department you worked in.* | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| **Please outline your experience of supervising staff and implementing HR policies and procedures:** | |

It is important that you read this Declaration carefully and then sign it in the space below.

**Part 1:** Obligations Placed on Candidates who participate in The Recruitment Process.

The Public Services Management (Recruitment and Selection) Act 2004 makes very specific provisions in relation to the responsibilities placed on candidates who participate in recruitment campaigns and these are detailed in Section 4 of the Code of Practice issued under the Act.

These obligations are as follows:

Any canvassing by or on behalf of candidates shall result in disqualification and exclusion from the recruitment process. Candidates shall not:

* knowingly or recklessly make a false or a misleading application
* knowingly or recklessly provide false information or documentation
* canvass any person with or without inducements
* impersonate a candidate at any stage of the process
* knowingly or maliciously obstruct or interfere with the recruitment process
* knowingly and without lawful authority take any action that could result in the compromising of any test material or of any evaluation of it
* interfere with or compromise the process in any way

Any person who contravenes the above provisions, or who assists another person in contravening the above provisions, shall be guilty of an offence.

It is the policy of the HSE to report any such above contraventions to An Garda Siochana.

In addition, where a person found guilty of an offence was or is a candidate at a recruitment / selection process, then, in accordance with the Public Services Management (Recruitment and Selection) Act 2004:

* where he / she has not been appointed to a post, he / shall be disqualified as a candidate; and
* where he / she has been appointed as a result of that process, he / she shall forfeit that appointment

**Part 2**

**Declaration:** “I 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 this position. I hereby confirm my irrevocable consent to the Health Service Executive to the making of such enquiries, as the Health Service Executive deems necessary in respect of my suitability for the post in respect of which this application is made.

I hereby 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) if 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 or misrepresentation relevant to this application or my continuing employment with the Health Service

Executive.

Furthermore, I hereby declare that all the particulars furnished in connection with this application are true, and that I am aware of the qualifications and particulars for this position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on my Application Form. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification or render me liable to dismissal, if employed.”

Failure to sign application will render it invalid[[1]](#footnote-1).

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Name of Applicant)* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### References:

Please give **three** referees (including your current employer). We retain the right to contact all previous employers. Do you wish us to contact you prior to contacting your referees?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **1. Name and Job Title of Referee:** | |  | |
| Professional Relationship to candidate: | |  | |
| Postal Address: | |  | |
|  | |
|  | |
| Telephone Contact Details: | | Mobile: | Landline: |
|  | | | |
| Email Address: |  | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Name and Job Title of Referee:** | |  | |
| Professional Relationship to candidate: | |  | |
| Postal Address: | |  | |
|  | |
|  | |
| Telephone Contact Details: | | Mobile: | Landline: |
|  | | | |
| Email Address: |  | | |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **3. Name and Job Title of Referee:** |  | |
| Professional Relationship to candidate: |  | |
| Postal Address: |  | |
|  | |
|  | |
| Telephone Contact Details: | Mobile: | Landline: |
|  | | |
| Email Address: |  | |

**Please tick Yes/No as appropriate**

|  |  |  |
| --- | --- | --- |
| **Are you currently in receipt of a pension from any of the following superannuation schemes?** | **YES** | **NO** |
| **Local Government Superannuation Scheme (LGSS)** |  |  |
| **Health Service Executive Employee Superannuation Scheme** |  |  |
| **Voluntary Hospital’s Superannuation Scheme (VHSS)** |  |  |
| **Nominated Health Agencies Superannuation Scheme (NHASS)** |  |  |

If you have answered **‘yes’** in relation to any of the above Superannuation Schemes you are not eligible to apply for this recruitment campaign. Former Health Service and public sector employees must ensure that they adhere to their contractual obligations where they have previously availed of the Incentivised Scheme of Early Retirement (ISER), 2010 Voluntary Early Retirement Scheme (VER) or 2010 Voluntary Redundancy Scheme (VRS). **Please read - Appendix 3 in ‘Guidelines for completing application form’ for further details.**

**Equality Monitoring Form**

Candidates please note this data is for administrative records only, and **does not** form part of the information submitted to the interview board, or any portion of the appointments process.

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name |  | Date of Birth |  |

|  |  |
| --- | --- |
| Nationality |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender Male |  | Female |  |

**Applicant Checklist –**

* Postal Address
* Mobile Telephone Number
* Email Address
* Copy of final award and course modules (if applicable)
* Work Visa/Permit/Authorisation (if applicable)

**If all required details / documentation (as above) are not submitted with your application you may not be called to interview.**

1. If you are submitting your application form via email we will accept the application form unsigned but you will be required to sign the Declaration at interview should you be invited to one. [↑](#footnote-ref-1)