

**APPLICATION FORM**

**NRS10297, Medical Officer, Senior**

**Primary Care, Community Healthcare West, CHO Area 2**

* Please read the Job Specification which provides useful information about the requirements of this role.
* Please ensure you download, read and fully understand the ‘Additional Campaign Information’ document specific to this campaign that is available on <http://www.hse.ie/eng/staff/jobs/job_search/>.
* Please ensure you read the instructions for the completion of this Application Form and complete all areas, in full. Failure to complete all areas of the Application Form will result in you not being brought forward to the interview stage of the selection process.
* **You must submit your application form via post only and we will accept the application form unsigned. You will be required to sign the General Declaration at a later date.**
* Candidates should note that there can be a time delay in receiving applications. We recommend that applicants wishing to return an application should allow sufficient time for their application to arrive by **12.00 noon** on **Thursday 3rd June 2021** the closing date**.** Applications **will not** be accepted after this date and time, no exceptions will be made.
* To ensure that you do not miss out on any email communication it is highly recommended that you check your spam and junk folder on a regular basis.
* It is preferable that Application Forms are typed.
* **As we are only accepting applications by post applications must be submitted in a Microsoft Word or PDF format only**. Applications submitted in other file formats e.g. Google Docs will not be accepted.
* In relation to details of employment, if the space provided is insufficient, please attach additional pages ensuring to use the same format.
* The Health Service Executive will run this campaign in compliance with the Code of Practice prepared by the Commission for Public Service Appointments (CPSA). The Codes of Practice are available on the CPSA website [www.cpsa.ie](http://www.cpsa.ie/). Further information is also available in the Additional Campaign Information document.
* The Health Service Executive is an Equal Opportunities Employer.
* The Health Service Executive recognises its responsibilities under the Data Protection Acts 1988 to 2018 and the Freedom of Information Act 2014.

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| **Closing Date & Time** | **Thursday 3rd June 2021 at 12 noon**  |
| **Return application forms by post to** | **Campaigns Team, National Recruitment Service, Aras Slainte Chluainin, Manorhamilton, Co. Leitrim.****Due to the current IT access issues, we cannot accept applications via email. If you have already submitted your application via email you will need to print a copy of your application and submit it via post to the above address before the revised campaign closing date.** |
| **Anticipated Interview Date(s)** | Proposed interview dates will be indicated at a later stage. Please note you may be called forward for interview at short notice**.** |

**APPLICANT DETAILS**

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| Position Applied For: | **Medical Officer, Senior** |
| Campaign Reference No.: | **NRS10297** |
| **Personal Details** |  |
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| First Name: |  |
| Last Name: |  |
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| Postal Address for Correspondence: |  |
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| Mobile Telephone **(mandatory)**: |  |
| Contact Telephone No. 2: |  |

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| Email Address **(mandatory)**:(You may provide more than one) |  |
| Drivers Licence*:*(Please state type & category) |
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In order to help us gauge the efficiency of our advertising strategy for this campaign, we would appreciate if you indicated below where you saw the campaign advertised. *+*

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| --- | --- |
| HSE Website  |  |
| Word of mouth – my manager/colleague |  |
| Notification from HSE Talent Pool |  |
| Public Jobs  |  |
| Websites |  |
| Other – please say which |  |

*+ More than one indication is allowed.*

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

Please indicate below how your qualifications and professional experience meet the eligibility criteria for the role of Medical Officer, Senior. **Please note that if you omit information in this section pertinent to the eligibility criteria you will be deemed ineligible and subsequently not called forward to interview.** Please read Appendix 1 of Additional Campaign Information before completing each section below.

* **Candidates must be a medical practitioner who is registered other than provisionally or temporarily in the General Register of Medical Practitioners or who is entitled to be so registered.**

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| **Registration** | **Details** |
| Registration Body |  |
| Registration Number |  |
| Registration Expiry Date |  |
| If you are not registered are you entitled to be registered (Y/N) |  |
| Please indicate date first entitled to be registered |  |

*Please see Appendix 1 in Additional Campaign Information for more details on registration.*

**And**

* **Possess a Masters in Public Health / Post Grad Diploma in Public Health and/or equivalent qualification.**

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| **Date of Award (00/00/00)** | **College / Educational Institution** | **Name of Course** | **Award** |
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**And**

* **Please indicate your 5 years satisfactory experience in the practice of the medical profession since becoming entitled to full registration.** Please detail below (in months) your experience to date that demonstrates your fulfilling of the above eligibility criteria. **Please note that you must have achieved the 5 years (60 Months) experience no later than the closing date.**

**Date of receipt of your final exam results in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**The information supplied here will be used to determine your eligibility for this campaign.**  If you work in a part-time capacity please list your monthly hours and total months of work as they are. Please do not make whole time equivalent calculations.

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| --- | --- | --- | --- | --- | --- |
| **From DD/MM/YY**  | **To** **DD/MM/YY** | **Average Monthly Hours** | **Total Months**  | **Employer** | **Title of Post\*** |
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| **Total Cumulative Months** |  |

\*‘if it is not clearly evident from the title of your post that it satisfies the eligibility criteria, please provide further detail in the box below

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**EDUCATIONAL ACHIEVEMENTS**

**Please list your second level and any (additional) third level educational achievements.**

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| **Dates****From/To** | **Educational Institution** | **Conferring****Body** | **Course of Study** | **Qualification Achieved** | **Grades Achieved** |
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* **CAREER OVERVIEW**

Please ensure your full 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).

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| **From** | **To** | **Title** | **Employer** |
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| **Experience Relevant To The Role**Please provide below specific details from your experience to date that you feel help you meet the requirements for this post as detailed in the Job Specification. Please note that the information supplied here will be taken into consideration in determining your eligibility and / or shortlisting / ranking for this campaign. *Please include dates, the name of your employer & department where you worked and details as to how you meet the requirements specified in the eligibility and ‘post specific requirements’ section of the Job Specification.* |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
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| **Please demonstrate your depth and breadth of experience in the delivery of community based services, as relevant to the role.** |

**General Declaration**

It is important that you read this Declaration carefully.

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

The Public Service Management (Recruitment and Appointments) Act 2004 and Public Service Management (Recruitment and Appointments) Amendment Act 2013 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 Service Management (Recruitment and Appointments) Act 2004 and Public Service Management (Recruitment and Appointments) Amendment Act 2013.

* 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.”

**Signed:**

*(Name of Applicant)*

**Date:**

* **REFERENCES**

Please give three referees (including your current employer). Please ensure that the referees you provide are from a clinical perspective. We retain the right to contact all previous employers.

Do you wish us to contact you prior to contacting your referees? Yes / No

**1. Name and Job Title of Referee:**

**Dates From-To (MM/YY- MM/YY):**

**Professional Relationship to Candidate:**

**Postal Address:**

**Telephone Contact Details:** Mobile: Landline:

**Email Address:**

**2. Name and Job Title of Referee:**

**Dates From-To (MM/YY- MM/YY):**

**Professional Relationship to Candidate:**

**Postal Address:**

**Telephone Contact Details:** Mobile: Landline:

**Email Address:**

**3. Name and Job Title of Referee:**

**Dates From-To (MM/YY- MM/YY):**

**Professional Relationship to Candidate:**

**Postal Address:**

**Telephone Contact Details:** Mobile: Landline:

**Email Address:**

* **APPLICANT CHECKLIST**

If all required details / documentation (as below) are not submitted with your application we will be unable to process your application to the next stage of the process i.e. short listing / interview.

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| Mobile Telephone NumberEmail AddressPostal Address |  | **Mandatory** |
| That the information you have provided in the Qualification/ Eligibility Criteria section clearly shows how your qualifications/ experience match the requirements. Dates should be clearly indicated i.e. DD/MM/YY, qualification titles etc. |  |
| Application is submitted by the closing date and time. |  |
| That you have downloaded and saved the Job Specification and Additional Campaign Information for future reference. |