**National Director Approval - Job Evaluation Scheme**

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| **Applicant Name** |  |
| **Job Title + Grade** |  |
| **Work Address** |  |
| **Email** |  |
| **Line Manager Name** |  |
| **Senior Manager Name** |  |
| **Community Healthcare Organisation (CHO)** |  |
| **Hospital Network** |  |
| **Service Area** |  |
| **OTHER if none above apply** |  |
| **Division** |  |
|  | **CATEGORY (Circle One) 1 2 3 4 5** |
| ***Categories***   1. Applicants who had made application for evaluation at the time of suspension of the scheme in 2008 and whose application remains relevant. 2. Applicants to the long term acting regularisation process, within the grade comprehended by the scheme, who have been re-directed to the scheme by the arbitrator. 3. Applicants who have been redirected to job evaluation by outstanding third party recommendations. 4. Applications at the level of Clerical Officer. 5. All other applications within the grades comprehended by the scheme. | |
|  | **I admit this application to the Job Evaluation Scheme.** |
| **Signed National Director** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Print Name + Date** |  |
| **SUBMIT APPLICATION: The Application Form, accompanying documents and this sign off sheet, should now be submitted together to** [**jobevaluation.scheme@hse.ie**](mailto:jobevaluation.scheme@hse.ie) | |