**Stage 1: Application Form HSE National Flexible Training Scheme**

*Note: All forms must be completed by typing in the responses and signing the form. Hand-written applications will not be accepted.*

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| Section A – Personal Details | | | |
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| **1** | First Name: |  |  |
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| **2** | Last Name: |  |  |
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| **3** | Postal Address: |  |  |
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| **4** | E-mail Address (mandatory) |  |  |
|  |  |  |  |
| **5** | Home Telephone Number (optional): |  |  |
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| **6** | Mobile Telephone Number (mandatory): |  |  |
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| Section B –Clinical site details |
| 1.  2.  3.  **7** Please list your top three clinical sites in which you wish  to complete flexible training.  (number 1 being the highest preference)  *Please note every effort will be made to match trainees within one of their preferred clinical sites. Please be aware that if successful trainees cannot move between clinical sites for the duration of their flexible training posts.* | |
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| Section C – Medical Council Registration | | | | | | | | | | | | | | | | | | | | | |
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| **8** | Name in which you are registered with the Medical Council (of Ireland) | | |  | | | | | | | | | | | | | | | | | |
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| **9** | Medical Council registration number | | |  | | | | | | | | | | | | | | | | | |
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| Section D – Details of Training Programme | | | | | | | | | | | | | | | | | | | |
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| **10** | | Name of Training Body enrolled with: |  | | | | | | | | | | | | | | | | | |
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| **11** | | Name of Training Programme: |  | | | | | | | | | | | | | | | | | |
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| **12** | | Date of entry onto Programme: (DD-MM-YYYY) |  | |  | | | ▬ |  | | |  | ▬ |  |  | | |  |  |
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| **13** | | Current Year of Training & Grade: |  | | | | | | | | | | | | | | | | | |
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| **14** | | Year of Training from July 2026: |  | | | | | | | | | | | | | | | | | |
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| **15** | | Number of expected years of training remaining (on a full-time basis) prior to award of CSCST: |  | | | | | | | | | | | | | | | | | |
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| **16** | | Name of National Specialty Director (/Dean of Training Programme) |  | | | | | | | | | | | | | | | | | |
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| Section E – Previous Flexible Training | | | | | | | | | | | | | | | | | |
| Please note that there is a limit of two years on the scheme, if you have been previously been in a flexible training post as part of this scheme for two years your application will not be considered. If this case you should contact your training body to discuss other options such as job-share arrangements. | | | | | | | | | | | | | | |
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| **17** | Are you currently in a flexible training post? | Yes | | |  | | | |  | | | | | | | | | | | |
|  |  | No | | |  | | | |  | | | | | | | | | | | |
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| **18** | Have you previously been in a flexible training post? | Yes | | |  | | | |
|  |  | No | | |  | | | |
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| **19** | If you answered “yes” to either of the above questions, please state the start date and end date of the post, or most recent post if more than one: (DD-MM-YYYY) |  | |  | | |  |  | | |  |  |  |  | |  |  |
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|  | Start date: |  | |  | | | ▬ |  | | |  | ▬ |  |  | |  |  |
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|  | End Date: |  | |  | | | ▬ |  | | |  | ▬ |  |  | |  |  |
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| Section F – Reason for Application to National Flexible Training Scheme | | | | |
| Please note that the HSE Flexible Training scheme is not the only route to train flexibly, job sharing arrangements allow trainees greater flexibility in terms of WTE, if you are interested in a job share arrangement you should contact your training body.    Medical HR may be able to assist trainees wishing to work less than full time either through a lower contractual commitment or the use of leave entitlements e.g. parental leave.  If you are interested in post-reassignment (for instance staying in a similar geographical location) then you should contact your training body in the first instance. | | | |
| **20** | Please outline below your reasons for seeking a post on the National Flexible Training Scheme. You may attach additional sheets, medical certs or other documentation as required. Please note that all information provided in this section will be treated as confidential by NDTP.  If you are applying on the grounds of :   * Responsibility for caring for others (e.g. children or elderly relatives) * Physical and mental health * Personal family circumstances * Other personal circumstances   Please provide sufficient detail for the review / assessment process. | | | | |
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| Section G – Proposed Structure of Flexible Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **21** | | Proposed start date for flexible training: | |  | | |  | | | ▬ | | |  | | | |  | | | ▬ | | |  | | |  | | | | |  | | |  | | |
|  | | Note: The scheme runs for 12 months July 2026-July 2027. Posts that are proposed to commence later than July 2026 will end in July 2027 regardless of their start date. Priority is given to applicants who are seeking the full 12 month post on the scheme. | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | | |  | | |  | | |
| **22** | | Proposed end date for flexible training: | |  | | |  | | | ▬ | | |  | | | |  | | | ▬ | | |  | | |  | | | | |  | | |  | | |
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| Section H – Declarations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| It is recommended to make contact with your training body/dean/NSD early on in the process as if you are successful in securing a place on the flexible training scheme stage 2 of the process will require a signature from your training body/Dean/NSD.   * I agree to adhere to the minimum hours per week including education release time and out of hours commitment as required by the training body * I understand that I am subject to the terms and conditions of the NCHD employment contract      * I understand that training less than full time may have an impact on the overall duration of my training scheme   **Please ensure all declarations have been reviewed and ticked if appropriate.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Section H – Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24** | Signature of Applicant: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **25** | Printed name of Applicant: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26** | Date (DD-MM-YYYY): | |  | |  | | | ▬ | | |  | | |  | | | | ▬ | | |  | | |  | | | |  | | | |  | | |

Please return the completed application form by

E-mail/ queries to: [sharon.lewis1@hse.ie](mailto:sharon.lewis1@hse.ie)