

Public-Only Consultants' Contract 2023 Application to undertake external work

This form is to be used by consultants who are working, or intend to work, under the *Public-Only Consultant Contract 2023* and wish to apply to undertake external work in accordance with that Contract. The procedure regarding such applications is available at https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-008-2023-public-only-consultant-contract-2023.html

To ensure compliance with legal and other objectives (in particular section 33 of the *Organisation of Working Time Act 1997*) an employee must provide their employer with details of any work for another employer in which they are engaged.

A current and proposed work-plan, which details the employee's public commitment and public on-call commitment, must be submitted with this application. In the case of people who are not yet consultants who are applying for permission to engage in external work because as part of the process leading to appointment as a consultant – and who for that reason do not yet have a work plan – the application can be submitted before the completion of a work-plan but permission can only be granted after a work-plan has been completed.

Applications and resulting decisions may be made either prior to the employee taking up the *Public-Only Consultant Contract 2023* or at any time after the employee takes up the contract.

Section 1: To be completed by the employee			
Surname:	First name:		
Personnel no:	PPS no:		
Post Title:	Post reference code:		
Primary location:	Hospital Group/CHO Area:		
Contact phone no:	Email address:		
Current weekly working hours:	Current days of attendance:		
I confirm that I have reviewed the <i>Guidance on</i> the "external work" clause of the Public-only consultant contract 2023 before making this application.	Yes No		
Application for work to be undertaken externally to HSE/section 38 agency following acceptance of the <i>Public-only consultant contract 2023</i> :			
Location(s):	Day(s) and time(s) of the week:		
If weekly hours vary, provide details:			
Details of services provided:			
Will the external work be on a self-employed basis?	Yes No		

If the external work is not on a self-employed basis:				
(a) Provide the name and address of the employer, agency or other person for whom I wish to work:	Yes No			
(b) I confirm that I will comply with the provisions of clause 24.3 of my contract of employment in respect of dual employment.				
If you intend to work in a number of locations please provide the above details on a separate sheet for each location				
Confirmations				
This external work will be entirely outside my work schedule under my contract with the HSE	Yes No			
If I am granted permission to engage in this external work and if I engage in the external work, then in relation to the external work:				
(a) I will continue to discharge my contractual duties as an employee of the HSE, including obligations relating to on-call working arrangements and work scheduling;	Yes No			
(b) I will not be in breach of any of my statutory and/or regulatory obligations and;	Yes No			
(c) I will not be causing the HSE to be in breach of any of its statutory and/or regulatory	Yes No			
obligations;	Yes No			
(d) the external work will not adversely impact on the health and safety (including in respect of quality of medical care) of patients or services users who are likely to receive care from me further to my contract with the HSE;	Von No			
(e) the external work will not impact on the safety, health and welfare of other persons (including me) who are employed by (or otherwise working on behalf of) the HSE.	Yes No			
I undertake to provide such further information about the external work as the Clinical Director/Executive Clinical Director may from time to time reasonably require.	Yes No			

Yes

No

I accept and will comply with the provisions of clause 24 "external work" of my contract of employment

I declare that the above information is true and con information change in any material respect I unders				
I accept that any approval that is granted to me is an approval that is limited to the application that I have made and not to any other external work.				
I understand that any approval that may be granted to me may be reviewed from time to time.				
Current and proposed work-plans attached:	Yes	No		
Signed:				
Date:				
Section 2:To be completed by the Clinical Direct	tor/Executive Clinical Directo	r		
Surname:	First name:			
Personnel no:	Hospital Group/CHO Area:			
Contact phone no:	Email address:			
I confirm that I discussed this application with the applicant on:	Date:			
This application is:	Approved Approve Refused	ed with restrictions		
If approved, please provided details why:				
If not approved, please provided details why:				
If approved with restrictions, please provide details why and details of restrictions:				
Declaration				
I declare that the above information is true and con	nplete in all material aspects.			
Signed:				

Declarations

Date:

Note: this form is provided to assist consultants in making standard applications for permission for external work outside the consultant's work schedule with the HSE. If a consultant wishes to apply for permission for a matter covered by clause 24 of the consultant contract that is not encompassed by this form, such an application can be made by way of a letter to the consultant's clinical director. In that event, the clinical director may seek such information as is reasonably required to allow the clinical director to assess the application.