

APPLICATION FORM

**Endoscopy Ward**

Clinical Nurse Manager 2

Our Lady’s Hospital, Navan, Co Meath

Campaign reference No: OLH.IEHG.201924

Thank you for applying to the HSE. Please read the Job Specification which provides useful information about the requirements of this role.

Please Note: This revised application form, is part of an IEHG improvement project. You may be asked to give feedback on the process.

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| **Closing Date & Time** | **28th February 2020 by 4pm** |
| ***Please return completed application form to*** | **E-mail:** recruitment.OLHN@hse.ie **Post: Sarah Dungan, Assistant Staff Officer HR, Our Lady’s Hospital Navan, Co Meath**  |
| **Anticipated Interview Date(s)** | **Approximately 4 weeks after campaign closing date** |

**APPLICANT DETAILS**

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| First Name: |  |
| Last Name: |  |
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| Address: |  |
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| Contact Telephone**:** |  |
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| Email Address**:** |  |

 **Eligibility to work in Ireland:**

Are you eligible to work in the Republic of Ireland? **Yes □ No □**

Enclose a copy of your Valid Work Visa/Permit (if applicable)

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| Expiry Date of Visa/Permit: |  |

**ELIGIBILITY AND POST SPECFIC CRITERIA**

**The Job Specification has listed the following eligibility and post specific criteria for this application.** Please indicate below how your qualifications and professional experience meet the eligibility criteria for the post of Clinical Nurse Manager 2 Endoscopy. **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 complete each section below.

**1. Registered in the General Division of the Register of Nurses & Midwives maintained by Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) or be entitled to be so registered**

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| **Registration** | **Please tick as appropriate****to your current****Registration status** | **Pin Number** |
| I am a fully qualified Nurse with active An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) registration |  |  |
| I am a fully qualified Nurse on the inactive register in the general division of the Register of Nurses kept by An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) |  |  |
| I am a fully qualified Nurse registered with a European Authority other than An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland)  |  |  |
| I am a fully qualified Nurse registered with a non European Authority  |  |  |
| The date my name was entered on the General Division of the register is: Please enter as DD/MM/YYYY |  |

*Note: Seeking registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) is the responsibility of the applicant. Please read Appendix 1 Additional Campaign Information for more information on registration.*

**AND**

**2. Please indicate your 5 years post registration** full time in the General division of the register and **2 years** full time experience in specialist area of Endoscopy**. Please note that you must have achieved this experience no later than 6th January 2020.**

Please detail below (in months) your experience to date that demonstrates your fulfilling of the above eligibility criteria. **Please note that 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 Date 00/00/00**  | **To Date****00/00/00** | **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 criterion for Clinical Nurse Manager 2 Endoscopy please provide further detail in the box below

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**3. CONTINUING PROFESSIONAL DEVELOPMENT**

**Please provide details below of your continuing professional development e.g. training days, courses completed through hseland etc.**

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| --- | --- | --- | --- | --- |
| **Date Completed****From MM/YY**  | **Educational Institution** **(if applicable)** | **Name of Course / Training etc.** | **Course / Training Duration**  | **Qualification Achieved** **(if applicable)** |
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**EDUCATIONAL ACHIEVEMENTS**

**Please list your third level and any additional educational achievements relevant to this role.**

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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 and demonstrate (by bulletpoint) the roles and responsibilities that are particularly relevant to the role and job specification to which you are now applying (also include any time spent out of work e.g. career break). **Kindly note that the information provided in this application form will be used for shortlisting purposes for this position. Please begin by listing the most recent first.**

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| **Job Title:** **Grade:** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To(00/00):** |
| Main Roles & Responsibilities: |

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| --- |
| **Job Title:** **Grade:** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To(00/00):** |
| Main Roles & Responsibilities: |
| **Job Title:** **Grade/ Management Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To(00/00):** |
| Main Roles & Responsibilities: |

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| --- |
| **Job Title:** **Grade/ Management Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To(00/00):** |
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### Competency Questions

**As part of the interview process competency based questions will be asked. The competencies that will be discussed are listed below. As part of your interview preparation please ensure you have reflected on examples of how you have demonstrated your ability in each of the competency and skill areas and are prepared to discuss this in more depth at interview. Please reference the job specification for a summary definition of each competency/skill area.**

1. **Professional Knowledge & Experience Relevant To The Role**
2. **Organisation & Management Skills**
3. **Building & Maintaining Relationships (including Team Skills & Leadership Skills)**
4. **Commitment to Providing a Quality Service**

### REFERENCES

**References**

We are required to seek the name, address, email address and occupation of **three referees** including your current manager should a successful outcome following interview be confirmed.

**I hereby give my permission to contact referees following submission of their details?** Yes [ ]  / No [ ]

### General Declaration

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

**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.” 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.

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

**Signed:**

*(Name of Applicant)*

**Date:**

1. [↑](#footnote-ref-1)