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**All sections to be completed in full**

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| APPLICATION FORM **Dietitian Senior - Disabilities****HSE Mid-West Community Healthcare CHO3****Campaign Reference: MWCH 24.021** |

Please carefully note the following instructions:

# Please read the Job Specification and Additional Information document which provides useful information about the requirements of this role.

# Please ensure you read the instructions for the completion of this online application form and complete all areas in full. Failure to complete all areas of the application form may result in you not being brought forward to the interview stage of the selection process.

# Applicants wishing to complete and submit an application should do so by the closing time of 5th July 2024 @ midnight. Applications *will not* be accepted after this date and time, no exceptions will be made.

* You must upload your completed application form to Candidate Manager no later than **5th July 2024 @ midnight**

 **Rezoomo Link:**

 <https://www.rezoomo.com/company/community-healthcare-mid-west/jobs/>

* Please attach a copy of the required relevant qualification for the role of Dietitian Senior, (if applicable).
* 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)
* The Health Service Executive is an Equal Opportunities Employer.

The Health Service Executive recognises its responsibilities under the Data Protection Acts 2003 & 1988 and the Freedom of Information Act 2014.

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| **Closing Date & Time** | **5th July 2024 @ midnight** |

APPLICANT DETAILS

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| --- | --- |
| Position applied for: | **Dietitian Senior - Disabilities****HSE Mid-West Community Healthcare CHO3****Healthcare** |
| Position Reference No.:  | **MWCH 24.021** |
|  |  |  |  |
| Name: |  |
|  |  |  |  |
| Postal address for correspondence: |  |
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| --- | --- |
| Mobile Telephone *(mandatory)*: |  |
|  |  |  |  |
| Contact Tel No. 2: |  |
| E-mail address *(mandatory)*:*(You may provide more than one)* |  |
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| --- | --- |
| Drivers Licence *(please state type & category):* |  |

**European Economic Area**

Are you an EEA (European Economic Area) National? Yes [ ]  / No [ ]

Please see Appendix 2 of the ‘Additional Campaign Information’ document for the definition of an EEA National.

**NB If you are a non-EEA citizen you must provide the requested documentation to support your application**. For further information you must read ‘Appendix 2’ in the ‘Additional Campaign Information’ document.

1. **Superannuation Schemes**

Are you currently in receipt of a Voluntary Early Retirement or Ill Health Early Retirement Pension from any of the Public Health Superannuation Schemes listed at 1-5 below, or any other Public Sector Pension Scheme?

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| --- |
| **Are you currently in receipt of a pension from any of the following superannuation schemes? (This means have you retired?)** |
|  | **YES** | **NO** |
| 1. Local Government Superannuation Scheme (LGSS)
 |  |  |
| 1. Health Service Executive Employee Superannuation Scheme
 |  |  |
| 1. Voluntary Hospitals Superannuation Scheme (VHSS)
 |  |  |
| 1. Nominated Health Agencies Superannuation Scheme (NHASS)
 |  |  |
| 1. Other Public Service Superannuation Scheme
 |  |  |

If you have answered ‘yes’ in relation to being in receipt of a pension from any of the above Superannuation Schemes you are not eligible to apply for this recruitment campaign. Please read Appendix 4 in the ‘Additional Campaign Information’ for further details.

1. **Current Contractual Status**
* **I am currently a HSE employee\* Yes** [ ]  **No** [ ]
* **I am currently a Tusla employee\* Yes** [ ]  **No** [ ]

If you answered yes to the above question, please choose the option below which best matches your current contractual status:

* **I have a permanent contract** [ ]

**or**

* **I have a temporary contract** [ ]

\*HSE / Tusla Employee = you are a direct employee of the HSE or Tusla and not in a post funded or partially funded by the HSE or Tusla.

1. **Proficiency in Irish**

Candidates will be afforded the added opportunity to demonstrate their ability to perform the duties of the office through Irish. This assessment will be on a pass/fail basis and will not disturb the marks awarded in the selection process. Where vacancies arise for which proficiency in Irish is a management requirement, the HSE will offer such posts in order of merit to candidates who have successfully passed the Irish assessment. Please indicate if you wish to undertake an Irish assessment exam.

Yes [ ]  / No [ ]

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

Please indicate below how your qualifications and professional experience meet the eligibility criteria for the role. **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.

|  |  |  |
| --- | --- | --- |
| **Candidates must have at the latest date of application:** | **Yes** | **No** |
| Be registered, or be eligible for registration, as a Dietitian by the Dietitians Registration Board at CORU.  |  |  |
| Have 3 years full time (or an aggregate of 3 years full time) post qualification dietetic experience. |  |  |
| Candidates must have the requisite knowledge and ability (including a high standard of suitability and professional ability) for the proper discharge of the duties of the office  |  |  |
| Provide proof of Statutory Registration on the Dietitians Register maintained by the Dietician Registration Board at CORU **before a contract of employment can be issued.** |  |  |
| On appointment practitioners must maintain annual registration on the Dietitians Register maintained by the Dietitians Registrations Board at CORU  |  |  |
| Practitioners must confirm annual registration with CORU to the HSE by way of the annual Patient Safety Assurance Certificate (PSAC). |  |  |

**ADDITIONAL EDUCATIONAL ACHIEVEMENTS**

**Please include second level and any (additional) third level educational achievements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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).

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Title** | **Employer** |
|  |  |  |  |
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**Detailed Career History - please begin by listing the most recent first:**

|  |
| --- |
| **Job Title:** **Grade / Management Level *(if applicable):*** |
| **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):** |
| **Main Roles & Responsibilities:** |
|  |
| **Job Title:** **Grade / Management Level *(if applicable):*** |
| **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:** |

### **Experience Relevant to the Role**

In the spaces below, briefly describe what you consider to be a good example of demonstrating your Experience Relevant to the Role. Remember anything you say may be used as part of a shortlisting/ranking exercise and may be discussed in more depth at interview, should you be called to one.

|  |
| --- |
| **1. 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 i.e. from x date to x date, number of months, the name of the employer & Department you worked in, and details as to how you meet the requirements specified in the eligibility and ‘post specific requirements’ section of the Job Specification.***Please do not exceed the** **500 word limit** |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| **Please outline your depth and breadth of experience as relevant to the role.** |

**Disability**

Do you consider yourself to have a disability that might require special accommodation(s) to enable you to participate to the best of your ability in the selection process? **Yes** [ ]  / **No** [ ]

**General Declaration**

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

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

The Public Service Management (Recruitment and Appointments) Act 2004 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
* interfer 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

* where he/she has not been appointed to a post, he/she 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.”

Failure to sign the application will render it invalid.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of Applicant)* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **REFERENCES**

Please give details of three referees (including your current employer). Please ensure that the referee details you provide are from a professional 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:**