***Due to emails being stopped by our security system and to ensure your application does not get quarantined, please include the Campaign Reference and the Campaign Name on the subject line of the email when submitting applications****.*

 **APPLICATION FORM**

**NRS14327 Paramedicine Practice Development Lead**

**National Ambulance Service (NAS)**

* Please read the Job Specification which provides useful information about the requirements of this role.
* Please ensure you download, read and fully understand the ‘Additional Campaign Information’ document specific to this campaign that is available on <http://www.hse.ie/eng/staff/jobs/job_search/>.

# Please ensure you read the instructions for the completion of this Application Form and complete all areas, in full. Failure to complete all areas of the Application Form will result in you not being brought forward to the interview stage of the selection process.

* You must submit your application form via email only and we will accept the application form unsigned. You will be required to sign the General Declaration at a later date.
* Candidates should note that there can be a time delay in receiving email applications. We recommend that applicants wishing to return an application by email should allow a minimum of 1 hour for their application to arrive by **12.00 noon** onthe closing date**.** Applications will not be accepted after this date and time, no exceptions will be made.
* To ensure that you do not miss out on any email communication it is highly recommended that you check your spam and junk folder on a regular basis. In addition to reduce the possibility of emails from the NRS team being directed to spam we recommend that you add the HSE web domain to your WHITELIST. Pleases see the additional campaign information document for more information.
* It is preferable that Application Forms are typed.
* **As we are only accepting applications by email applications must be submitted in a Microsoft Word format only**. Applications stored on personal online storage sites, e.g. Onedrive, Cloud, Dropbox, Google Drive etc will not be accepted. Applications submitted in other file formats e.g. Google Docs will not be accepted. Please pay particular attention to ensure that your application is attached as an attachment (not a link to an online storage site e.g. Google Drive) when emailing your application. **In order to ensure that your email is not quarantined your email attachments should not exceed a 3mb limit. If you are required to submit supporting documentation with your application form which exceeds 3mb you must reduce the size of the documentation by compressing (zip) the documents otherwise your email may not be received by the closing date of the campaign.**
* In relation to details of employment, if the space provided is insufficient, please attach additional pages ensuring to use the same format.
* 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/). Further information is also available in the Additional Campaign Information document.
* The Health Service Executive is an Equal Opportunities Employer.
* The Health Service Executive recognises its responsibilities under the Data Protection Acts 1988 to 2018 and the Freedom of Information Act 2014.

|  |  |
| --- | --- |
| **Closing Date & Time** | *12 noon Wednesday 3rd July 2024.* |
| **Return application forms by email to** | applyalliedhealth@hse.ie, using the subject line NRS14327 Paramedicine Practice Development Lead**Please note that you must submit your application form via email only.**Email applications will receive a response within 2 working days, which will let you know that we received your email. **If you have not received an email response within 5 working days, we highly recommend that you contact the NRS via email to** **applyalliedhealth@hse.ie** **to verify that your email has been received.** |
| **For queries on the Recruitment Process** | Please contact the NRS Help Desk on 0818 473677 (for candidates calling from outside Ireland +35341 6859506) or by email on asknrs@hse.ieFor queries specifically relating to the role please contact the named person on the Informal Enquiries section on the Job Specification  |
| **Anticipated Interview Date(s)** | Proposed interview dates will be indicated at a later stage. Please note you may be called forward for interview at short notice**.** |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Paramedicine Practice Development Lead** |
| Campaign Reference No.: | **NRS14327** |
| **Personal Details** |  |
| First Name: |  |
| Last Name: |  |
|  |  |
| Postal Address for Correspondence: |  |
|  |
|  |

|  |  |
| --- | --- |
| Mobile Telephone **(mandatory)**: |  |
| Contact Telephone No. 2: |  |

|  |  |
| --- | --- |
| Email Address **(mandatory)**:(You may provide more than one) |  |

**European Economic Area (EEA)**

|  |  |
| --- | --- |
| **Please select one of the following:** | **** |
| I am an EEA National |  |
| I am a British National |  |
| I am a Swiss National |  |
| I am a Non-EEA National |  |

**If you are a non-EEA citizen you must provide the requested documentation to support your application**. Please see Appendix 2 of the ‘Additional Campaign Information’ document for further information and for a definition of an EEA National.

In order to help us gauge the efficiency of our advertising strategy for this campaign, we would appreciate if you indicated below where you saw the campaign advertised. *+*

|  |  |
| --- | --- |
| HSE Website  | [ ]  |
| Word of mouth – my manager/colleague | [ ]  |
| Notification from Career Hub | [ ]  |
| Public Jobs  | [ ]  |
| Websites | [ ]  |
| Other – please say which | [ ]  |

*+ More than one indication is allowed.*

1. **Current Contractual Status**
2. **I am directly employed by the HSE, TUSLA, other statutory health agencies\*, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004**

**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** [ ]

1. **I am employed by a Recruitment Agency and am currently placed in the HSE, TUSLA, other statutory health agencies\*, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004**

**Yes** [ ]  **No** [ ]

**If you are employed by a Recruitment Agency and are currently placed in the HSE, TUSLA, please tick the HSE / TUSLA Area in which you work:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dublin Mid Leinster |  |  South |  |
| Dublin North East |  | West |  |

1. **I do not currently work in the HSE, TUSLA, other statutory health agencies\*, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004**

**Yes** [ ]  **No** [ ]

\* A list of ‘other statutory health agencies’ can be found:

<https://www.gov.ie/en/organisation-information/9c9c03-bodies-under-the-aegis-of-the-department-of-health/?referrer=http://www.health.gov.ie/about-us/agencies-health-bodies/>

**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.

**i./ii. Registered on the Advanced Paramedic Division/Paramedic Division of the Register as held by the Pre Hospital Emergency Care Council (PHECC) or be eligible to apply for such registration.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration** | **Please tick as appropriate****to your current****status** | **Pin Number** | **Date entered on the register DD/MM/YY** |
| I am currently registered on the Advanced Paramedic Division of the Pre Hospital Emergency Care Council (PHECC) Register |  |  |  |
| I am eligible to be registered on the Advanced Paramedic Division of the Pre Hospital Emergency Care Council (PHECC) Register |  |  |
| I am currently registered on the Paramedic Division of the Pre Hospital Emergency Care Council (PHECC) Register |  |  |  |
| I am eligible to be registered on the Paramedic Division of the Pre Hospital Emergency Care Council (PHECC) Register |  |  |

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**AND**

1. **Please indicate your minimum of 5 years’ post registration practice experience. Please note that you must have achieved the 5 years’ (60 Months) experience no later than the closing date for this campaign.**

 **Please indicate the date of receipt of your first registration in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 the Post that it satisfies the eligibility criteria please provide further detail in the box below:

**AND**

1. **Please indicate your 3 years’ experience of clinical instructional or supervisory practice relative to the functions of the role. Please indicate below your 3 years’ in this area. Please note that you must have achieved the 3 years’ (36 Months) no later than the closing date for this campaign.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 the Post that it satisfies the eligibility criteria please provide further detail in the box below:

**AND**

1. **Please indicate your minimum of 2 years’ experience/involvement in clinical practice management, practice development, education or quality improvement. Please note that you must have achieved the 2 years’ (24 Months) experience no later than the closing date for this campaign.**

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 the Post that it satisfies the eligibility criteria please provide further detail in the box below:

**AND**

1. **Please indicate your 7 years’ post registration practice experience. Please note that you must have achieved the 7 years’ (84 Months) experience no later than the closing date for this campaign.**

 **Please indicate the date of receipt of your first registration in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 the Post that it satisfies the eligibility criteria please provide further detail in the box below:

**AND**

1. **Please indicate your 3 years’ experience of clinical instructional or supervisory practice relative to the functions of the role. Please indicate below your 3 years’ in this area. Please note that you must have achieved the 3 years’ (36 Months) no later than the closing date for this campaign.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 the Post that it satisfies the eligibility criteria please provide further detail in the box below:

**AND**

**ii.Please indicate your minimum of 2 years’ experience/involvement in clinical practice management, practice development, education or quality improvement. Please note that you must have achieved the 2 years’ (24 Months) experience no later than the closing date for this campaign.**

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 the Post that it satisfies the eligibility criteria please provide further detail in the box below:

**AND**

1. **Please give details of your Specialist Paramedic educational award in a recognised\* sub-speciality at QQI Level 9 or equivalent.**

**Please refer to the QQI website,** <https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications>**, to determine what level your qualification is at on the National Framework of Qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Duration of Award****From – To (00/00)** | **College / Educational Institution** | **Name of Course** | **Qualification Level on the NFQ** | **Award** | **Any major speciality option (if applicable)** |
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**(Refer to page 6/7 of Additional Campaign Information for further information – recognised awards\*)**

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| --- |
| **If your educational award has not been obtained in the Republic of Ireland, have you received recognition of your qualification from QQI? As this process takes a period of time we strongly recommend that you commence recognition process now.**  **(Refer to Appendix 1 of Additional Campaign Information for further information).*****Please tick as appropriate:*** |
| **Yes** | **No** |

**OR**

**iii.Possess PHECC Teaching Faculty Framework certification as a Tutor/Facilitator**

|  |  |  |
| --- | --- | --- |
| **Date of Award (00/00/00)** | **Name of Award** | **PHECC Certification Number****(if applicable)** |
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**AND**

1. **Are the holder of a full Class C1 licence**

|  |
| --- |
| **Please indicate below if you hold a full Class C1 driving licence by the relevant Irish Driver’s licence authority.**1. ***Please tick as appropriate:***
 |
| **Yes** | **No** |

**Or**

|  |
| --- |
| **Please indicate below if you are eligible to be granted a full Class C1 Driving Licence by the relevant Irish Driver’s licence authority.**1. ***Please tick as appropriate:***
 |
| **Yes** | **No** |

*Drivers Licence Category C1 Tests passed after the closing date of this campaign WILL NOT BE ACCEPTED. Please note that the HSE will not accept candidates who have incurred 6 or more penalty points on their licence. (Please note that at Clearance Stage you will be required to submit a Driver Statement / Letter of Entitlement)*

**EDUCATIONAL ACHIEVEMENTS**

**Please list your second level and any (additional) third level educational achievements.**

**Please refer to the QQI website,** [**https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications**](https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications)**, to determine what level your qualification(s) is at on the National Framework of Qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates****From/To** | **Educational Institution** | **Conferring****Body** | **Course of Study** | **Qualification Level on the NFQ** *(Please insert n/a if not applicable to your Course of Study)* | **Qualification 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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| **POST SPECIFIC REQUIREMENTS**  |

**Experience Relevant To The Role**

In this area we ask you to focus on your experience to date that is relevant to the role.  Please provide below specific details from your professional experience to date that you feel helps you meet the requirements for this post as detailed in the Job Specification.  **It is important that your answer to this question does not exceed 1 page.  The selection board will take your adherence to this limit into account when reviewing your application.**

You may wish to write paragraphs or bullet points that demonstrate how your unique experience is relevant to the requirements of this role.

**Information you provide in this section and in other areas of the application form may be used as part of a short listing exercise and may be discussed in more depth at interview, should you be called to one.**

*Please include dates, the name of your employer & department where you worked.*

|  |
| --- |
| 1. **Please demonstrate your depth and breadth of experience of clinical instruction/supervisory practice relative to the functions of the role. Please limit your answer in this section to 1 page.**
 |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
|  |

|  |
| --- |
| 1. **Please demonstrate your depth and breadth of experience/involvement in clinical practice management, practice development, education or quality improvement as relevant to the role.** **Please limit your answer in this section to 1 page.**
 |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
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| 1. **Please demonstrate your depth and breadth of experience managing and working collaboratively cross functionally with multiple internal and external stakeholders and disciplines, as relevant to the role Please limit your answer in this section to 1 page.**
 |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
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| --- |
| 1. **Please demonstrate your depth and breadth of experience leading change in a complex environment, as relevant to the role.  Please limit your answer in this section to 1 page.**
 |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
|  |

### Data Privacy Statement

The National Recruitment Service is committed to protecting your privacy and takes the security of your information very seriously. The National Recruitment Service (NRS) aims to be clear and transparent about the information we collect about you and how we use that information.

* Information on the HSE NRS Candidate Data Privacy , is available at : [HSE NRS Candidate Privacy Statement](https://www.hse.ie/eng/staff/jobs/recruitment-process/candidate-privacy-notices-for-candidates-in-recruitment-process.html)
* Information on the General Data Protection Regulation is available at [HSE General Data Protection Regulation](https://www.hse.ie/eng/gdpr)
* Information on HSE record retention periods is available at <https://assets.hse.ie/media/documents/ncr/HSE_Record_Retention_Policy_V1_101123.pdf>

I acknowledge that by submitting this application The HSE will communicate with me by various means (such as phone , email , SMS, post mail ) regarding my application during the recruitment process and for the lifecycle of any panel (should I be successful in obtaining a place on the panel).

I understand that if at any point I wish to stop receiving communications( in any format) from the HSE regarding this application and any future generated panel as a result of this campaign that I may contact the HSE (through the nominated contact on the Additional Campaign Information) and explicitly request to be removed from future communications. In doing so I understand that I will no longer receive any communications or Expression of interests for roles from the panel generated from this campaign.

**Protected Disclosure**

Pursuant to the Protected Disclosures Act 2014, as amended, a person that acquires information on a relevant wrongdoing during a recruitment process is a ‘worker’ and can make a protected disclosure about the wrongdoing. For more information about making a protected disclosure to the HSE, please visit <https://www.hse.ie/eng/about/who/protected-disclosures/> or email protected.disclosures@hse.ie

**General Declaration**

It is important that you read this Declaration carefully.

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

The Public Service Management (Recruitment and Appointments) Act 2004 and Public Service Management (Recruitment and Appointments) Amendment Act 2013 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
* interfere 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 and Public Service Management (Recruitment and Appointments) Amendment Act 2013.

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

**Signed:**

*(Name of Applicant)*

**Date:**

NB: 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 this declaration at interview will render it invalid.

### REFERENCES

Please give three referees (including your current employer). Please ensure that the referees 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:**

### APPLICANT CHECKLIST

If all required details / documentation (as below) are not submitted with your application we will be unable to process your application to the next stage of the process i.e. short listing / interview.

|  |  |  |
| --- | --- | --- |
| Mobile Telephone NumberEmail AddressPostal Address | [ ] [ ] [ ]  | **Mandatory** |
| That the information you have provided in the Qualification/ Eligibility Criteria section clearly shows how your qualifications/ experience match the requirements. Dates should be clearly indicated i.e. DD/MM/YY, qualification titles etc. | [ ]  |
| Work Permit Documentation (if relevant to non-EEA applicants). Please refer to Appendix 2 of the Additional Campaign information document for details of documentation required. | [ ]  |
| Application is submitted by the closing date and time and that you have used the campaign reference in the subject line of your email. | [ ]  |
| That you have downloaded and saved the Job Specification and Additional Campaign Information for future reference. |