

APPLICATION FORM

UHWCOLORECTALPA0125 - Colorectal Physician Associate

* Please read the Job Specification which provides useful information about the requirements of this role.
* 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.
* It is preferable that Application Forms are typed.
* Applications must be submitted as a Microsoft Word or PDF document 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.
* Please include a copy of your current IMC certificate and relevant English Language test score card with your application form.
* In relation to details of employment, if the space provided is insufficient, please attach additional pages ensuring to use the same format.
* Should you be invited for interview, you may take a 'hard' copy (ie. paper copy) of your Application Form with you. Mobile devices are not permitted for use during your interview.
* 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.

|  |  |
| --- | --- |
| **Return Application Forms To** | uhwmedicalmanpower@hse.ie using the subject line **UHWCOLORECTALPA0125 - Colorectal Physician Associate**Postal application to Jodie Kelly, Medical Manpower Dept, University Hospital Waterford, Dunmore Road, Waterford, X91ER8E |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Colorectal Physician Associate** |
| Campaign Reference No.: | **UHWCOLORECTALPA0125** |
| **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) |  |
| Nationality |
|  |

**SKYPE INTERVIEW REQUEST**

If you reside overseas do you require a Skype interview? Yes [ ]  / No [ ]

If yes please provide your Skype ID

**NB Please note, that due to limited resources, we cannot guarantee that all requests for SKYPE interview will be met.** We will prioritise applicants who would otherwise have to undergo an inordinately long journey as well as prohibitive costs to attend an interview in person.For further information on SKYPE interview requests and a list of the required documents, please see “Appendix 6” of the “Additional Campaign Information” document.

**Where did you see this position advertised?**

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. *+*

|  |  |
| --- | --- |
| Newspaper | [ ]  |
| HSE Website  | [ ]  |
| Word of mouth – my manager/colleague | [ ]  |
|  Other – please say which | [ ]  |

*+ More than one indication is allowed.*

**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.

1. **Candidates must be registered in the Register of Medical Practitioners, maintained by the Medical Council of Ireland, in accordance with the Medical Practitioners Act 2007**

|  |  |
| --- | --- |
| **Registration** | **Details** |
| Registration Body |  |
| Registration Number |  |
| Date of Registration |  |

1. **Required English Language Competency**

All NCHDs taking up employment with the HSE who were not registered by the Medical Council in any of the divisions of the Register of Medical Practitioners prior to 1st January 2015, or who did not complete the entirety of their under-graduate medical training in the Republic of Ireland, are required to provide evidence of one of the following:

IELTS (International English Language Testing System) certificate with an overall band score of 7.0 and a minimum score of 6.5 in each of the four domains – reading, writing, listening and speaking - on the academic test. The test must be undertaken no more than two years prior to the date of it being submitted to the employer. While a doctor may sit the above test as often as they wish, the above scores must have been achieved at only one sitting of the IELTS test. Results from more than one test sitting cannot be amalgamated. Any cost incurred in relation to the IELTS exam will be borne by the applicant. Information on IELTS is available at www.ielts.org;

**OR**

Completion of their medical degree in any of the following countries – United Kingdom, Australia, Canada, New Zealand, or United States

**OR**

**OET** (Occupational English Test) at least a Grade B is required in all four sub-tests, Listening, Reading, Writing & Speaking. The test must be undertaken no more than two years prior to the date of it being submitted to the employer. While a doctor may sit the above test as often as they wish, the above scores must have been achieved at only one sitting of the IELTS test. Results from more than one test sitting cannot be amalgamated. Any cost incurred in relation to the OET exam will be borne by the applicant. Information on OET is available at  [www.occupationalenglishtest.org](http://www.occupationalenglishtest.org/);

**OR**

|  |
| --- |
| **IELTS – Date of Completion:** |
|  **Overall Band Score:** |
| **Listening** | **Reading** | **Writing** | **Speaking** |
|  |  |  |  |

|  |
| --- |
| **OET – Date of Completion:** |
|  **Overall Band Score:** |
| **Listening** | **Reading** | **Writing** | **Speaking** |
|  |  |  |  |

|  |
| --- |
| **Qualifications;**  |
| **Title** | **University Name & Address** | **Date of Graduation** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Details of Professional Membership;**  |
|  |
|  |
|  |

**Employment History**

**The information supplied here will be used to determine your eligibility for this campaign.**  If you have worked in a part-time capacity please list your monthly hours and total months of work as they are.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From DD/MM/YY**  | **To** **DD/MM/YY** | **Employer Name & Address** | **Title of Post** | **Total Months** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Detailed Career History

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).

**Detailed Career History - please begin by listing the most recent first.**

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

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

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

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

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

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

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

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

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

|  |  |
| --- | --- |
| Research / Audits completed: | Date: |
|  |  |

**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 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.”

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

**Signed:**

*(Name of Applicant)*

**Date:**

### REFERENCES

Please give three referees (including your current employer). Please ensure that the referees you provide are from a clinical perspective. We retain the right to contact all previous employers.

**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:**

1. 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. [↑](#footnote-ref-1)