**Application Form for**

**Medical Intern Posts July 2016**

**in the Irish Health Service**

**Campaign Ref: NRS03121**

**Stage 1**

Please ensure you fully read and understand ‘A Guide to Application and Appointment to Intern Training in Ireland’ Stage 1. This Guide should be used in conjunction with the completion of your Application Form.

**We strongly recommend you keep a copy of your application form and the guide for your records.**

The Guide Stage 1 provides information on:

* Eligibility for application to Intern posts
* Additional requirements on employment as an Intern

**Important Note:**

You must use this Application Form, download it as a word document and type in your details which you must email to [applyintern@hse.ie](mailto:applyintern@hse.ie). **Applications by CV or any other method will not be accepted. Please do not attach a CV.** Only information provided on the Medical Intern Application Form will be considered. **Please note we cannot access applications / documentation in personal storage e.g. Cloud file share, Dropbox, Skydrive etc. and therefore your application may not be processed.**

|  |
| --- |
| **Please ensure you read and fully understand the following notes before completing the Application Form for Intern Posts July 2016** |

**The following terms/abbreviations are used in the application form below:**

|  |  |
| --- | --- |
| **HSE:** | Health Service Executive. The HSE is the organisation with responsibility for providing national public health services in Ireland. |
| **NDTP**: | National Doctors Training & Planning |
| **EEA:** | European Economic Area (EU countries plus Norway, Iceland & Liechtenstein, (and for the purposes of right to work in Ireland -Switzerland). |
| **NCHD:** | Non-Consultant Hospital Doctor. |
| **NRS:** | National Recruitment Service. This is the office that administrates the recruitment process for Medical Interns. |
| **VOLUNTARY HOSPITALS:** | Irish Public Hospitals other than HSE hospitals |
| **EMPLOYING AUTHORITIES:** | Bodies which may employ Interns including the HSE, HSE hospitals, other public hospitals, private hospitals, mental health services, etc. |
| **IELTS:** | International English Language Testing System |
| **IEET:** | Intern Employment Eligibility Test |

**CAO:** Central Applications Office

The Application Form must be completed by all applicants to Intern posts in the Irish health service, commencing 11th July 2016, including posts in HSE and voluntary hospitals and other clinical sites.

1. You must use this Application Form, download it as a word document and type in your details which you must email to [applyintern@hse.ie](mailto:applyintern@hse.ie). Applications by CV or any other method will not be accepted. Please do not attach a CV. Only information provided on the Medical Intern Application Form will be considered. Please note we cannot access applications / documentation in personal storage e.g. Cloud file share, Dropbox, Skydrive etc.
2. Please ensure that your completed Application Form including, where required, your fully completed and stamped Section D (if applicable), Section E and confirmation of payment (if applicable), proof of documentation permitting you to work in the state (if applicable) and a scanned copy of your photograph page of your passport is received no later than **5pm Monday 9th November 2015 (GMT).** Documentation received after this date and time will not be accepted. Candidates should note that there can be a time delay in receiving email applications. We recommend that applicants should allow a minimum of 1 hour for their application to reach [applyintern@hse.ie](mailto:applyintern@hse.ie) by the closing date and time of **5pm Monday 9th November 2015. Applications *will not* be accepted after this date and time. No exceptions will be made.**
3. You should expect to receive two communications from the NRS after you submit your application:

(a) E-mail applications will receive a response within 24 hours which will let you know that we have received your e-mail. This email serves as an acknowledgement only and is not an admission that we have received a completed application from you.

(b) The NRS will issue a communication to all applicants on Friday 4th December 2015. The purpose of this communication is to ensure that your contact details have been correctly recorded. If you receive a text message but no email or you receive an email with no text message, please contact [applyintern@hse.ie](mailto:applyintern@hse.ie) stating your First name, Middle name, Last name / Surname / Family name and provide your mobile number and email address. Applicants who do not receive a communication from us on 4th December 2015 should immediately forward proof to [applyintern@hse.ie](mailto:applyintern@hse.ie) (by 5pm Monday 7th December 2015) that they have sent their application before the closing date and time of 5pm Monday 9th November 2015.

4. Candidates please note the HSE’s National Recruitment Service check eligibility and attachments after the closing date and time for the receipt of applications. This is due to the high volume of applications. This means that if your application is blank, or incomplete, or you have sent the wrong version of your application form, or you have not included your fully completed and stamped Section D (if applicable), Section E and confirmation of payment (if applicable), proof of documentation permitting you to work in the state (if applicable) or a scanned copy of your photograph page of your passport or have no Internet access etc., your application will not be processed further. It is your responsibility to ensure your application is complete and delivered before the deadline.

**5. Please note that the National Recruitment Service will mainly contact you by mobile phone and email. Some communications may be sent by post. Therefore it is most important that both your mobile telephone number and email address are included in your application as well as your postal address. It is your responsibility to ensure you have access to your mobile voicemails, text messages and emails. You will receive communications that have a deadline requirement.**

6. Candidates cannot amend their application form after **5pm Monday 9th November 2015.** Please, therefore, ensure that all details submitted are correct.

7. Intern posts are for the duration of one year, commencing on **11th July 2016 until 10th July 2017.**

8. Please note that registration as an Intern with the Medical Council is a separate process (with separate deadlines) to the process of applying for employment as an Intern in the Irish health service. In line with Section 37 of the Medical Practitioners Act 2007, all medical practitioners must be registered on the appropriate division of the register of medical practitioners maintained by the Medical Council in order to practise medicine in the Irish health service. It is an indictable offence to practise medicine in Ireland while unregistered. Information is provided in the Guide and applicants should refer to **www.medicalcouncil.ie** for more information on registration. The HSE National Recruitment Service cannot provide any information or advice on registration with the Irish Medical Council.

9. The HSE/other Intern employing authority reserve the right to seek verification of any of the details contained in your application and supporting documentation.

10. Please note that information contained in this Application Form and the form itself may be passed to Intern Training Networks, the Medical Council (of Ireland), the Department of Jobs, Enterprise and Innovation, the National Doctors Training and Planning (HSE NDTP) and to prospective employing authorities, including non-HSE employing authorities (such as voluntary hospitals), for recruitment purposes only.

11. The Health Service Executive will run this campaign in compliance with the Code of Practice prepared by the Commissioners for Public Service Appointments (CPSA). Codes of practice are published by the CPSA and are available on <http://www.hse.ie/eng/staff/Jobs/Job_Search/Medical_Dental/nchd/Interns/>in the document posted with each vacancy entitled “Code of Practice, Information for Candidates”.

12. The Health Service Executive is an Equal Opportunities Employer.

13. The Health Service Executive recognises its responsibilities under the Data Protection Act 1988, the Data Protection (Amendment) Act 2003 and the Freedom of Information Act 2014.

14. It is recommended that you retain a copy of your completed Application Form and all documentation for your own records.

15. Details of the Stage 2 application process, including selection of preference posts and networks will be provided to eligible applicants after Stage 1 of the application process has been completed.

**Please read and complete the Application Form carefully, filling out all sections with the information requested. When you have finished the Application Form please go back and review the Application Form to check you have completed all sections.**

**Section A – Personal Details**

**Position applied for:** Intern (Non-Consultant Hospital Doctor) in the Irish health service

(HSE Grade Code: Intern 1554)

**Closing Date**: **5pm Monday 9th November 2015**

**All fields must be completed**. Failure to do so may result in your Application Form not being processed further. Application Form and scanned attachments, where appropriate, must be emailed to [applyintern@hse.ie](mailto:applyintern@hse.ie)

|  |  |
| --- | --- |
| First Name: |  |
|  |  |
| Middle Name (if applicable): |  |
|  |  |
| Last Name/Surname/Family Name: |  |
|  |  |
| Email Address: |  |
|  |  |
| Mobile Telephone Number:  You must include int’l access code |  |
|  |  |
| Contact Telephone Number 2: |  |
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| Postal Address |  |
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| --- | --- | --- | --- | --- |
| Are you an EEA (European  Economic Area) National or a Swiss National? | Yes |  | No |  |

Please indicate Yes or No

Appendix 4 of the Guide provides a definition of an EEA National

If you answered **Yes** you do not need to complete the next question.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you answered **No** to the previous question please indicate if you hold a current work permit to work in Ireland | Yes |  | No |  |

Please indicate Yes or No

If you answered Yes, you must submit a scanned copy of your passport page showing your current immigration permission granted by the Garda National Immigration Bureau and a scanned copy of your current GNIB card.

Appendix 4 of the Guide provides more information on Work Permits.

**Section B – Medical Education**

**Please indicate the Medical School** at which your basic medical degree was / will be completed.

If you attended a Medical School outside of the Republic of Ireland, please indicate the country in which you have / will complete your basic medical degree.

|  |  |  |  |
| --- | --- | --- | --- |
| **A - Medical Schools in the Republic of Ireland** | | **B - Country of Medical School** | |
| National University of Ireland Galway |  | Denmark |  |
| Iceland |  |
| Italy |  |
| Royal College of Surgeons Ireland |  | Lithuania |  |
| Luxembourg |  |
| Trinity College Dublin |  | Malaysia (\*Penang Medical College) |  |
| Malta |  |
| Norway |  |
| University College Cork |  | Poland |  |
| Portugal |  |
| University College Dublin |  | Sweden |  |
| United Kingdom (including Northern Ireland) |  |
| University of Limerick |  | Other country not listed above |  |
|  |  |

\*Only candidates who are or will be graduates of RCSI Medical University, Penang Medical College, Malaysia are eligible to apply from Malaysia.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate** year/expected year of Graduation | \*Spring/Summer 2014 |  | 2015 |  | 2016 |  | Other |  |

This means the year of the graduation ceremony when you were / will be presented with your official award/parchment.

\*You must have graduated on or after 1st April 2014 and on or before 17th June 2016

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate if you are a direct entry student or a graduate entry student | **Direct Entry** **Student** |  | **Graduate Entry** **Student** |  |

**Direct Entry Student:** You entered Medical School as an undergraduate

**Graduate Entry Student:** You entered Medical School, having already graduated in another field of study.

**For Irish Medical School applicants only:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate if you are a CAO entry student or a Non CAO entry student | **CAO Entry** **Student** |  | **Non CAO Entry** **Student** |  |

**CAO Entry Student:** You were offered a Medical School place through a CAO offer

**Non CAO Entry** **Student:** You were not offered a Medical School place through a CAO offer but from the Medical School directly

**Section C – Medical Council (of Ireland) Registration / Intern Training**

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| --- | --- | --- | --- | --- |
| Are you, at the time of application, already registered with the Irish Medical Council? | Yes |  |  | |
| (please indicate Yes or No) | No |  |  | |
|  |  |  |  | |
| If yes, please indicate the Division in which you are registered: | (i) Trainee Specialist Division | | |  |
|  | (ii) Internship Registration | | |  |
|  | (iii) General Division | | |  |
|  | (iv) Specialist Division | | |  |
|  | (iv) Supervised Division | | |  |
|  | (iv) Visiting EEA Practitioners Division | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you already commenced Intern training (or equivalent formal practical training) in Ireland or any other country? | Yes |  | No |  |

Please **indicate** Yes or No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If yes, please state the country. | Country: | | | |  | | |
|  |
| Have you already completed Intern training (or equivalent formal practical training) in Ireland or any other country? | | Yes |  | No | |  |

Please **indicate** Yes or No

|  |  |  |
| --- | --- | --- |
| If yes, please state the country. | Country: |  |

**Please note:**

**Applicants from Medical Schools in the Republic of Ireland:**

* Applicants do not need to complete and return Section D as this information is provided directly to the National Recruitment Service by the Medical Schools in the Republic of Ireland.
* Applicants do not need to complete and return Section E on the following pages as per

Appendix 1.

**Applicants from Medical Schools outside the Republic of Ireland:**

* Applicants from a Medical School outside the Republic of Ireland MUST SUBMIT by 5pm Monday 9th November 2015 a fully completed and stamped Section D, see next page.
* Applicants from a Medical School outside the Republic of Ireland MUST SUBMIT by 5pm Monday 9th November 2015 a fully completed Section E with copy of bank/money transfer confirmation.

**Section D – Applicants from Medical Schools outside the Republic of Ireland only: Confirmation of dates when Centile will be available and date of conferral of Medical Degree for applicants who are graduates or are due to graduate in 2016**

For completion in English and signature by the Dean / Head of the Medical School only

All applicants who have graduated or are expected to graduate in 2016 from Medical Schools outside the Republic of Ireland must scan and submit this signed and stamped page with their Application Form by email to [applyintern@hse.ie](mailto:applyintern@hse.ie) by **5pm** Monday 9th November 2015.

It is the responsibility of the applicant to inform themselves of any deadlines that Medical Schools may have for the submission of documentation requiring signature and stamping / sealing in order to avoid any delays in the submission of a completed application.

**Failure to complete this form in full and failure to submit this form by the deadline specified above will render the application incomplete and the application will not be processed further.**

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| **Applicant’s Details:** | | | | | | | | | | | |
| First Name: | |  | | | | | | | | | |
| Middle Name: | |  | | | | | | | | | |
| Last Name/Surname/Family Name: | |  | | | | | | | | | |
| Name of Medical School: | |  | | | | | | | | | |
| Address of Medical School: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
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| I hereby confirm that the following is the above-named applicant’s date of completion and date of conferral of their basic medical degree: | | | | | | | | | | | |
| **Date when Centile will be available**  This means the date that the centile, based on the applicants final year exams, is available and can be provided to the NRS by the Dean | |  |  | / |  | | | / |  | |  |
| **Date of Conferral of Basic Medical Degree**  This means the date of the graduation ceremony when the candidate is presented with their official award/parchment. | |  |  | / |  | | | / |  | |  |
| Enter dates as follows DD/MM/YYYY  Signature of Medical School Dean/ Head: | | Days Month Year | | | | | | | | |  |
| Printed Name of Medical School Dean / Head: | |  | | | | | | | | |  |
| Date: | |  | | | | | | | | |  |
| Contact E-mail address for Dean / Head of School’s Office (printed): **Mandatory** | |  | | | | | | | | |  |
| Contact phone number for Dean / Head of School’s Office (printed), including international access codes: | |  | | | | | | | | |  |
| **Mandatory** | |  | | | | | | | | | |
| **Dean / Head of Medical School:** | | Please note the HSE will validate the details above with you at a later stage of the process | | | | | | | | | |
| **Medical School Stamp / Seal** | | | | | | | | | | | |
|  | Official  Medical School  Stamp / Seal | | | | |  |  | | |  | |
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**Section E – Applicants from Medical Schools outside the Republic of Ireland ONLY must complete and return this form**

**Intern Employment Eligibility Test Payment**

Applicants from Medical Schools outside the Republic of Ireland ONLY are required to pay a fee of €200 as a contribution towards the cost of providing the test.

Payment must be arranged as follows:

* You must arrange an Electronic Funds Transfer (EFT) of €200 (exclusive of bank charges) to the following account:

|  |  |
| --- | --- |
| **Bank** | Ulster Bank, College Green Branch |
| **Address** | PO Box 145, 33 College Green, Dublin 2, Ireland |
| **Beneficiary Name** | Health Service Executive |
| **Beneficiary Address** | Dr. Steevens’ Hospital, Dublin 8, Ireland |
| **Account Details** | HSE SS A/P – Public Account |
| **BIC** | ULSB IE 2D |
| **IBAN** | IE70 ULSB 9850 1010 8583 22 |

* You must submit a scanned copy of the confirmation of the transfer either the online printout or the bank document.
* You must also provide the following details:

1. The name of Bank from which the transfer was made:

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2. The address of Bank:

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* You should ensure that the reference name on the transfer documentation is the same name as given on your application.

Failure to provide this confirmation will result in your application not being processed further.

Please note that the above information will be shredded once payment from you is confirmed.

**APPLICATION CHECKLIST**

**Applicants from Medical Schools in the Republic of Ireland**

You are required to submit a completed Application Form by **5pm Monday 9th November 2015** **(GMT),**

i.e.

* Sections A, B, C
* Scanned copy of the photograph page of your passport
* Scanned copy of passport showing current immigration permission granted by the Garda National Immigration Bureau and a copy of current Certificate of Registration (GNIB Card), if applicable

**Applicants from Medical Schools outside the Republic of Ireland**

You are required to submit a completed Application Form by **5pm Monday 9th November 2015** **(GMT),**

i.e.

* Sections A, B, C, D, and E
* Scanned confirmation of transfer of IEET payment issued by your bank
* Scanned copy of the photograph page of your passport
* Scanned copy of passport showing current immigration permission granted by the Garda National Immigration Bureau and a copy of current Certificate of Registration (GNIB Card), if applicable