

APPLICATION FORM

UHWOBGYNFELLOW0725 - Obstetrics & Gynaecology Fellowship in Pelvic Surgery

* 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.
* Application Forms must be typed and the layout must not be altered from the original.
* 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 documents 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.
* 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](mailto:uhwmedicalmanpower@hse.ie) using the subject line:  **UHWOBGYNFELLOW0725 - Obstetrics & Gynaecology Fellowship in Pelvic Surgery**  Postal application to Jodie Kelly, Medical Manpower Dept, University Hospital Waterford, Dunmore Road, Waterford, X91ER8E |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Obstetrics & Gynaecology Fellowship in Pelvic Surgery** |
| Campaign Reference No.: | **UHWOBGYNFELLOW0725** |
| **Personal Details** |  |
| **(All fields are mandatory)** |  |
| First Name: |  |
| Last Name: |  |
| Known As (if differs from first name): |  |
|  |  |
| Address : |  |
|  |
|  |
|  |  |

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

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

**SKYPE**

All interviews are conducted via Skype.

Please provide your Skype ID

**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. *+*

|  |  |
| --- | --- |
| 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**

The HSE requires that NCHDs not registered with the Irish Medical Council before 1 January 2015 and NCHDs who did not complete the entirety of their under-graduate medical training in the Republic of Ireland provide evidence of their English language proficiency.

|  |  |  |
| --- | --- | --- |
| **Category** | **Yes** | **No** |
| 1. I have completed my Medical degree in English in one of the following countries:   Australia, Canada, New Zealand, The United States of America or the United Kingdom |  |  |
| I have provided a copy of my Medical Degree Certificate |  |  |
| 1. I have completed the Irish State Leaving Certificate examination or A Levels in the United Kingdom and a Medical Degree in English |  |  |
| I have provided copies of all three of the following:   * A copy of your Irish Leaving Certificate/UK A-Levels transcript results * A copy of your Medical Degree * Certificate/confirmation from your University confirming your Medical Degree was taught and examined solely in English |  |  |
| 1. I have attained certification via either of the following recognised English Language Tests:  * **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](http://www.ielts.org); 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/) |  |  |
| I have provided a certificate of test results from either the International English Language Test System (IELTS) (Academic EXAM) or Occupational English Test |  |  |

If you qualify under Category 3, please provide date and results of relevant exam:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Test Date DD/MM/YYYY** | **Overall Score** | **Listening** | **Reading** | **Speaking** | **Writing** |
| **IELTS** |  |  |  |  |  |  |
| **OET** |  |  |  |  |  |  |

1. **Medical Qualifications:**

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

**d). Details of Professional Membership:**

|  |
| --- |
|  |
|  |
|  |

**Employment History**

**The information supplied here will be used to determine your eligibility for this campaign.**  Please list all employment in date order, beginning most recent. 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 2 most recent employers). Please ensure that the referees you provide are from a clinical perspective. We retain the right to contact all previous employers.

**1. Referee Name and Job Title:**

**Dates From-To (MM/YY- MM/YY):**

**Professional Relationship of Referee to Candidate:**

**Hospital Name & Postal Address:**

**Telephone Contact Details:** Mobile: Landline:

**Email Address:**

**2. Referee Name and Job Title:**

**Dates From-To (MM/YY- MM/YY):**

**Professional Relationship of Referee to Candidate:**

**Hospital Name & Postal Address:**

**Telephone Contact Details:** Mobile: Landline:

**Email Address:**

**3. Referee Name and Job Title:**

**Dates From-To (MM/YY- MM/YY):**

**Professional Relationship of Referee to Candidate:**

**Hospital Name & 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 or the process i.e. shortlisting / interview.

|  |  |  |
| --- | --- | --- |
| Typed Application Form, in MS Word or PDF format |  | **Mandatory** |
| Copy of Irish Medical Council certificate |  |
| Relevant English Language proficiency documents |  |
| That the information you have provided in the Eligibility Criteria section clearly shows how your experience matches the requirements. Dates should be clearly indicated i.e. DD/MM/YYYY. Qualification titles etc. |  |
| Application is submitted by the closing date and time, and that you have used the campaign reference in the subject line of your email |  |
| Ensure that you have downloaded and saved the job Specification for future reference. | | |

1. Digital signatures are permitted. [↑](#footnote-ref-1)