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 **APPLICATION FORM**

***Please read the explanatory notes at the end of this form prior to completing your application***

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Clinical Nurse Manager 3** |
| Campaign Reference No.: | **NRS14229** |
|  |  |
| Name: |  |
| Mobile Telephone **(mandatory)**: |  |
| Email Address **(mandatory)**:(You may provide more than one) |  |

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

Please complete these sections in full as all parts of this section will be assessed by a board of appropriate senior managers who will consider your experience in relation to the eligibility criteria and as part of a shortlisting exercise where applicable.

**The applicant pool for this campaign is restricted to existing HSE staff, TUSLA, other statutory health agencies\*, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004.**

**Please indicate how you meet the grade requirement:**

|  |  |  |
| --- | --- | --- |
|  | **Yes (please tick)** | **Grade** |
| I hold a current HSE staff contract  |  |  |
| I hold a current TUSLA staff contract  |  |  |
| I hold a current staff contract from other statutory health agency/body  |  |  |

|  |  |  |
| --- | --- | --- |
| **Current Employer** | **Date From** | **Department Name** |
|  |  |  |

**AND**

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. **Registered in the General Division and/or Children’s Division of the Register of Nurses & Midwives maintained by Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland - NMBI) or entitled to be so registered.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration** | **Please tick as appropriate****to your current****status** | **Pin Number** | **Date entered on the register DD/MM/YY** |
| I am a fully qualified General / Children’s Nurse with active NMBI registration in the General division of the Register of Nurses kept by NMBI |  |  |  |
| I am a fully qualified General / Children’s Nurse registered with a European Authority other than the NMBI  |  |  |  |
| I am a fully qualified General / Children’s Nurse registered with a non-European Authority  |  |  |  |

*Note: Seeking registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) is the responsibility of the applicant. Please read Appendix 1 Additional Campaign Information for more information on registration.*

**AND**

**2a. Please indicate your five years post registration full time** **(or an aggregate of 5 years post registration full time)** **experience. Please note that you must have achieved the five years (60 Months) experience no later than the closing date for this campaign.**

**Please indicate the date of receipt of your first nursing 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\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Cumulative Months** |  |

**AND**

**2b. The above years’ experience must include two years (or an aggregate of 2 years post registration full time** **experience) in the speciality area or related area of Critical Care, Accident and Emergency, Organ Procurement or Transplant Co-ordination in an acute hospital setting. Please indicate below your two years in this area. Please note that you must have achieved the two years (24 months) no later than the closing date for this campaign.**

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| --- | --- | --- | --- | --- | --- |
| **From Date 00/00/00**  | **To Date****00/00/00** | **Average Monthly Hours** | **Total Months**  | **Employer** | **Title of Post\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **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**

**3. CONTINUING PROFESSIONAL DEVELOPMENT**

**Please provide details below of your continuing professional development e.g. training days, courses completed through HSELanD etc.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Completed****From MM/YY**  | **Educational Institution** **(if applicable)** | **Name of Course / Training etc.** | **Course / Training Duration**  | **Qualification Achieved** **(if applicable)** |
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**AND**

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| --- |
| **POST SPECIFIC REQUIREMENTS**  |

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| --- |
| **4. Please indicate below how your professional experience to date is relevant to the role of Clinical Nurse Manager 3 and meets each remaining parts of the eligibility criteria for this post as listed below. Please limit your responses to a maximum of one page for each of the criteria** |
| **Please demonstrate your depth and breadth of experience of Critical Care, Accident and Emergency, Organ Procurement or Transplant Co-ordination in an acute hospital setting as relevant to the role**. Please limit your answer in this section to 1 page  |

### REFERENCE

Please provide details of one referee from your **current** employment (you must have a reporting line to this person).

Do you wish us to contact you prior to contacting your referee? 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:**

**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.

**Explanatory notes:**

* Please download and refer to the ‘Additional Campaign Information’ document specific to this campaign which is available on <http://www.hse.ie/eng/staff/jobs/job_search/>.

# Please complete all areas of this application form in full and submit via email by the closing date. You do not need to sign but may be required to sign the General Declaration at a later date.

* Attachments should not exceed 3mb (zipped or unzipped) to avoid being quarantined as this may result in your application being received late.
* Correspondence in relation to this campaign will be issued via email, it is recommended that you check your spam and junk folders on a regular basis.
* 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 recognises its responsibilities under the Data Protection Acts 1988 to 2018 and the Freedom of Information Act 2014.

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| --- | --- |
| **Closing Date & Time** | ***Thursday 4th of July 2024 12 noon Please note:*** Late applications will not be accepted. |
| **How to submit your application** | By email only to: applynursing@hse.ie, using the subject line **NRS14229 Clinical Nurse Manager 3**You should receive a confirmation email within 2 working days. If you have not received a confirmation email (having checked your spam/junk), please email applynursing@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**.** |

**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>

The following statements will apply to you on submission of your application: I acknowledge that by submitting this application the HSE will communicate with me by various means (such as phone, email, SMS) regarding my application during the recruitment process.

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 notifications for roles 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