Application Form

Consultant Haematologist MW2026P20

SECTION A – MEDICAL CONSULTANT APPLICATION **You must complete the application form in full. Please read the "Campaign Information Booklet" for further details before you begin the application form.**	
Position for which you are applying:	**CONSULTANT HAEMATOLOGIST**
Closing date and time:	**5PM, Wednesday 26th August 2026**
Return Application forms to:	**Consultant Haematologist in Limerick with HSE Mid West - Rezoomo**
Anticipated Interview Date:	**TBC**
Informal Enquiries	**Dr Cian McEllistrim, Consultant Haematologist and Clinical Lead in Haematology at HSE Mid-West, email cian.mcellistrim@hse.ie and telephone** 061 48 **2264**

SECTION B – PERSONAL DETAILS ***(as used on Irish Medical Council / other Medical Council Documents)***	
Surname	"Click here and type Surname"
Forename	"Click here and type Forename"
Are you included as a Specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland? **see note on eligibility below*	"Click here and type YES or NO"
Speciality	"Click here and type speciality"
IMC Registration Number	"Click here and type registration number"
**Note on eligibility: A candidate cannot be appointed as a Medical Consultant unless she/he is registered as a Specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland. Successful candidates must be registered as a Specialist in the relevant Speciality on the Speciality Division of the Register of Medical Practitioners within 180 days of the day of interview. Please see the "Campaign Information Booklet" for further details on this.*	
If you are not currently registered on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland, please advise: (i) When will you be eligible to be registered? (ii) What date was your application submitted or will be submitted to the Medical Council of Ireland?	"Click here and type expected date of eligibility" "Click here and type date of submission/projected date"

Address for Correspondence	"Click here and type Address" "Address line 2" "Address line 3" "Country & Post Code"
Mobile telephone number *(Please note you will be contacted by text and voice mail to this number)*	"xxxxxxxxxxxxxxxxxx"
Work telephone number	"xxxxxxxxxxxxxxxxxx"
E-mail Address *(Please note you will be contacted by email)*	"Click here and type Email Address"
European Economic Area (EEA) Are you an EEA National? *(EEA National are nationals of the following countries: Austria, Belgium, Croatia, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, The Netherlands, Portugal, Spain, Sweden, United Kingdom, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia, Norway, Iceland, Liechtenstein, Switzerland, Bulgaria and Romania)*	"Click here and type YES or NO"
Current Contractual Status: Are you currently a HSE employee? **IF YES** to above please state if under permanent or temporary contract	"Click here and type YES or NO" "Click here and type Permanent or Temporary""

In order to help us gauge the efficiency of our advertising strategy for this recruitment campaign, we would appreciate if you indicated below where you saw the campaign advertised. *More than 1 indication is permitted.*

LinkedIn	☐
HSE Website	☐
Word of mouth – my manager/colleague	☐
Notification from HSE Talent Pool	☐
PublicJobs.ie	☐
Notification from Public Jobs/ Public Appointments Service	
Advertised in Sunday Independent, Irish Independent, Irish Medical Times, British Medical Journal	☐
Websites	☐
Other – please say which:	☐

SECTION C –ACADEMIC QUALIFICATIONS & TRAINING	
Applicants should note that information they supply in this section will play a central part in the eligibility and short listing process. The decision to include your application in the next stage of the selection process may be determined based on the information you supply here and other parts of the application form. Please see the "Candidate Information Booklet" for more information on this process.	
University/Medical School Name	'Click here and type School/University"
Address of University/Medical School	'Click here and type Address" 'Address line 2" 'Address line 3" 'County" 'Country"
Date of graduation	'DD / MM / YY"
Primary medical qualification	'Click here and type Qualification"
Overall grade achieved	'Click here and type grade"

Further Academic / Professional Qualifications
In this section please detail your attainment of further qualifications, completion of specialist training, fellowships etc.

Full Title of Qualifications (e.g. Postgraduate Degree/ Diploma)	**Awarding Body**	**Date of Qualification**	**Full address at which you resided**
"Click here and type qualifications"	"Click here and type awarding body"	"DD / MM / YY"	'Click here and type Address" 'Address line 2" 'Address line 3" 'County" "Country"
"Click here and type qualifications"	"Click here and type awarding body"	"DD / MM / YY"	'Click here and type Address" 'Address line 2" 'Address line 3" 'County" "Country"
"Click here and type qualifications"	"Click here and type awarding body"	"DD / MM / YY"	'Click here and type Address" 'Address line 2" 'Address line 3" 'County" "Country"
"Click here and type qualifications"	"Click here and type awarding body"	"DD / MM / YY"	'Click here and type Address" 'Address line 2" 'Address line 3" 'County" "Country"
"Click here and type qualifications"	"Click here and type awarding body"	"DD / MM / YY"	'Click here and type Address" 'Address line 2" 'Address line 3"

			'County" "Country"

Skill Courses e.g. ACLS, ATLS, BLS etc		
Name of Course	**Location & Provider of Course**	**Date**
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"
"Click here and type name of course"	"Click here and give location"	"DD / MM / YY"

SECTION D – PUBLICATIONS & RESEARCH - Clinical practice, Teaching experience, Audit and Management Experience as relevant to this role.

Please see the “Candidate Information Booklet” for more information on this section. In this section please outline any other relevant information to support your application. Information you provide here will be taken into account during the short listing process for this role.

In this section please highlight experience including clinical practice, teaching experience, audit and management experience as relevant to this role.

In this section also please provide detail on any publications and research you have been involved in.

"Click here and start typing"

SECTION E – EMPLOYMENT HISTORY

Please see “Candidate Information Booklet” for further details on what is taken into consideration in this section.

Beginning with the most recent (i.e. current or most recent employment position) please list all previous employment, in reverse chronological order.

Applicants should note that information they supply in this section will play a central part in the eligibility and short listing process. If there are any breaks in employment dates please briefly outline what was the reason for non employment in this period e.g. travelling, personal leave. No period of time should be unaccounted for.

Employment 1

Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Example: St James's Hospital, Dublin"	"e.g. Specialist Registrar"	"e.g. Surgery"	"e.g. Mr Joe Bloggs"	"dd/mm/yr"- "dd/mm/yr"	"xx"

"Outline main duties here, as relevant to the post"

'Outline reason for leaving the post here"

"Detail address at which you resided during this period"

Employment 2

Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"

"Outline main duties here, as relevant to the post"

'Outline reason for leaving the post here"

"Detail address at which you resided during this period"

Employment 3					
Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"
"Outline main duties here, as relevant to the post"					
'Outline reason for leaving the post here"					
"Detail address at which you resided during this period"					

Employment 4					
Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"
"Outline main duties here, as relevant to the post"					
'Outline reason for leaving the post here"					
"Detail address at which you resided during this period"					

Employment 5					
Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"
"Outline main duties here, as relevant to the post"					
'Outline reason for leaving the post here"					

"Detail address at which you resided during this period"

Employment 6

Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"

"Outline main duties here, as relevant to the post"

'Outline reason for leaving the post here"

"Detail address at which you resided during this period"

Employment 7

Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"

"Outline main duties here, as relevant to the post"

'Outline reason for leaving the post here"

"Detail address at which you resided during this period"

Employment 8

Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"

"Outline main duties here, as relevant to the post"

'Outline reason for leaving the post here"

"Detail address at which you resided during this period"

Employment 9					
Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"
"Outline main duties here, as relevant to the post"					
'Outline reason for leaving the post here"					
"Detail address at which you resided during this period"					

Employment 10					
Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"
"Outline main duties here, as relevant to the post"					
'Outline reason for leaving the post here"					
"Detail address at which you resided during this period"					

Employment 11					
Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"
"Outline main duties here, as relevant to the post"					
'Outline reason for leaving the post here"					

"Detail address at which you resided during this period"

Employment 12					
Clinical Site (If overseas please also indicate country)	**Position Held Grade/ Level**	**Specialty**	**Supervising Consultant(s) (if applicable)**	**From – To**	**Months in post**
"Click here and type Information"	"Grade"	"Speciality"	"Name Consultant"	"dd/mm/yr"- "dd/mm/yr"	"xx"
"Outline main duties here, as relevant to the post"					
'Outline reason for leaving the post here"					
"Detail address at which you resided during this period"					

SECTION F– SUPPLEMENTARY INFORMATION

Please see the “Candidate Information Booklet” for more information on this section. In this section please outline any other relevant information to support your application. Information you provide here may be taken into account during the short listing process for this role.

In this section you can highlight experience including clinical practice, teaching experience, audit and management experience as relevant to this role.

"Click here and start typing"

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].

Signed:

_____

(Name of Applicant)
Date:

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.

REFERENCES

Please give three referees (including your current employer). One of these referees should be your present or most recent supervising consultant. Please ensure that the referees you provide are from a clinical 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:

Clinical Site & 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:

Clinical Site & 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:

Clinical Site & Postal Address:

Telephone Contact Details: Mobile: Landline:

Email Address:

NOTES
Before you return this application form, please ensure you have completed all sections of the form.
Please do not send any qualifications, training certificates or references with this form. We will request these from you at a later date in the selection process, as appropriate to your candidature. Please see “Candidate Information Booklet” for further details.