**All sections to be completed in full**

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| APPLICATION FORM **Pharmacist Chief II (Dispensary Services)**  **MIDLAND REGIONAL HOSPITAL TULLAMORE & BIRR COMMUNITY NURSING UNIT**  **MRHT-04-2022-90** |

Please carefully note the following instructions:

* Please ensure you fully read and understand the ‘Additional Campaign Information’ document specific to this campaign that is available on <http://www.hse.ie/eng/staff/jobs/job_search/>.
* Please ensure you read in full, the instructions for the completion of this application form and complete all areas. 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.As we require the same information from all candidates in order to make fair decisions on their applications we will not be able to process applications by CV or any other method.
* It is preferable that Application Forms are typed.
* Should you be invited for interview, you may take a 'hard' copy (or '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 available on <http://www.hse.ie/eng/staff/jobs/job_search/>.
* The Health Service Executive is an Equal Opportunities Employer.

The Health Service Executive recognises its responsibilities under the Data Protection Acts 1988 and 2018 and the Freedom of Information Act 2014.

Applicant Details:

|  |  |
| --- | --- |
| Position Applied for: | Pharmacist Chief II (Dispensary Services) |
| Position Reference No.: | **MRHT-04-2022-90** |
|  |  |  |  |
| **Personal Details:** |  |  |  |
| First Name : |  |
|  |  |  |  |
| Last Name: |  |
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| Postal address for correspondence: |  |
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| **MOBILE TELEPHONE *(mandatory)***: |  | |
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| Contact Tel No. 2: |  | |
| **E-mail Address** ***(mandatory)***:  ***(You may provide more than one)*** |  | |
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| Drivers Licence *(please state type & category):* |  |

**European Economic Area**

Are you an EEA (European Economic Area) National? Yes  / No

Please see Appendix 2 of Additional Campaign Information document for definition of an EEA National.

**NB If you are a non EEA citizen you must provide the requested documentation to support your application**. For further information you must read “Appendix 2” in the “Additional Campaign Information” document.

1. **Current Contractual Status**

* **I am currently a HSE employee\* Yes**  **No**
* **I am currently a Tusla employee\* Yes**  **No**

**Please tick the HSE/Tusla Area in which you work**

|  |  |  |  |
| --- | --- | --- | --- |
| Dublin Mid Leinster |  | South |  |
| Dublin North East |  | West |  |

If you answered yes to the above question, please choose the option below which best matches your current contractual status:

* **I have a permanent contract**

**or**

* **I have a temporary contract**

\*HSE / Tusla Employee = you are a direct employee of the HSE or Tusla and not in a post funded or partially funded by the HSE or Tusla

**EDUCATIONAL ACHIEVEMENTS**

**Please include second level and any (additional) third level educational achievements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates**  **From/To** | **Educational Institution** | **Conferring**  **Body** | **Course of Study** | **Qualification Achieved** | **Grades Achieved** |
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**CAREER OVERVIEW**

**IMPORTANT: Please ensure all 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).**

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| --- | --- | --- | --- |
| **From** | **To** | **Title** | **Employer** |
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**Detailed Career History- please begin by listing the most recent first:**

|  |  |
| --- | --- |
| **Job Title:**  **Grade/Management Level *(if applicable):*** | |
| **Employer(s) & Department Name:** | |
| **From (MM/YY):** | **To(MM/YY):** |
| **Main Roles & Responsibilities:** | |

|  |  |
| --- | --- |
| **Job Title:**  **Grade/Management Level *(if applicable):*** | |
| **Employer(s) & Department Name:** | |
| **From (MM/YY):** | **To(MM/YY):** |
| **Main Roles & Responsibilities:** | |

|  |  |
| --- | --- |
| **Job Title:**  **Grade/Management Level *(if applicable):*** | |
| **Employer(s) & Department Name:** | |
| **From (MM/YY):** | **To(MM/YY):** |
| **Main Roles & Responsibilities:** | |

|  |  |
| --- | --- |
| **Job Title:**  **Grade/Management Level *(if applicable):*** | |
| **Employer(s) & Department Name:** | |
| **From (MM/YY):** | **To(MM/YY):** |
| **Main Roles & Responsibilities:** | |

|  |  |
| --- | --- |
| **Job Title:**  **Grade/ Management Level *(if applicable):*** | |
| **Employer(s) & Department Name:** | |
| **From (MM/YY):** | **To(MM/YY):** |
| **Main Roles & Responsibilities:** | |

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

* Please indicate below how your qualifications and/or professional experience meet the eligibility criteria for the post of **Pharmacist Chief II (Dispensary Services)**

**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 read Appendix 1 of Additional Campaign Information before completing each section below.

|  |  |
| --- | --- |
|  | **YES/NO** |
| **Each candidate must at the latest date for receipt of completed applications for the post, possess:**   1. Be a registered Pharmacist with the Pharmaceutical Society of Ireland (PSI) or be entitled to be so registered   **And**   1. Have at least five years satisfactory post registration hospital experience   **And**   1. Possess a high standard of administrative, managerial or business ability   **And**   1. Possess the requisite knowledge and ability (including a high standard of suitability and management ability) for the proper discharge of the duties of the office.   **Health**  A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.  **Character**  Each candidate for and any person holding the office must be of good character.  **Age**  Age restrictions shall only apply to a candidate where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation Act, 2004). A candidate who is not classified as a new entrant must be under 65 years of age on the first day of the month in which the latest date for receiving completed application forms for the office occurs.  *Please note that appointment to and continuation in posts that require statutory registration is dependent upon the post holder maintaining annual registration in the Register of Pharmacists maintained by the Pharmaceutical Society of Ireland.* |  |

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| --- | --- | --- | --- |
| **Location** | **Position** | **Date From** | **Date To** |
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**CONTINUOUS PROFESSIONAL DEVELOPMENT**

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

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| --- | --- | --- | --- | --- |
| **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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| If your educational award has not been obtained in the Republic of Ireland, have you received **validation** of your qualifications (See Appendix 1 of Additional Campaign Information for further information.) | |
| Please tick appropriate box: | |
| **Yes** | **No** |

### Competency Questions

**As part of the interview process competency based questions will be asked. The competencies that will be addressed are explained below. As part of your interview preparation please ensure you have reflected on examples of how you have demonstrated your ability in each of the competency and skill areas and are prepared to discuss this in more depth at interview. A summary definition of each skill area is in the job specification**

1. **Organisation & Management Skills**
2. **Building & Maintaining Relationships (including Team Skills & Leadership Skills)**
3. **Evaluating Information and Problem Solving**
4. **Experience Relevant To The Role**

### General Declaration

It is important that you read this Declaration carefully and then sign it in the space below.

**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.” 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 application will render it invalid[[1]](#footnote-1).

**Signed:**

*(Name of Applicant)*

### REFERENCES

Please give **three** referees (including your current employer). Please ensure that the referees you provide are from a professional perspective. We retain the right to contact all previous employers. Do you wish us to contact you prior to contacting your referees?

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| --- | --- | --- | --- |
| Yes: |  | No: |  |

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| --- | --- | --- | --- |
| **Name and Job Title of Referee:** | |  | |
| **Dates: From/To (00/00/00)** | |
| Professional Relationship to candidate: | |  | |
| Postal Address: | |  | |
|  | |
|  | |
|  | |
| Telephone Contact Details: | | Mobile: | Landline: |
|  | | | |
| Email Address: |  | | |

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| --- | --- | --- | --- |
| **2. Name and Job Title of Referee:** | |  | |
| **Dates: From/To (00/00/00)** | |  | |
| Professional Relationship to candidate: | |  | |
| Postal Address: | |  | |
|  | |
|  | |
| Telephone Contact Details: | | Mobile: | Landline: |
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| Email Address: |  | | |
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| --- | --- | --- |
| **3. Name and Job Title of Referee:** |  | |
| **Dates: From/To (00/00/00)** |  | |
| Professional Relationship to candidate: |  | |
| Postal Address: |  | |
|  | |
|  | |
| Telephone Contact Details: | Mobile: | Landline: |
|  | | |
| Email Address: |  | |

**Equality Monitoring Form**

Candidates please note this data is for administrative records only, and **does not** form part of the information submitted to the interview board, or any portion of the appointments process.

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name |  | Date of Birth |  |

|  |  |
| --- | --- |
| Nationality |  |

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| --- | --- | --- | --- |
| Gender Male |  | Female |  |

**Applicant Checklist - Important**

We recommend that you check your application form carefully to ensure that you have included / clearly illustrated / answered:

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Mobile Telephone Number  Email Address  Postal Address |  | **Mandatory** |
| 2 | That the information you have provided with regard to eligibility on page 8 demonstrates clearly your qualification and experience as relevant to the role. |  |
| 3 | Work Permit Documentation (if relevant to non EU applicants) (Please refer to Appendix 2 of the Additional Campaign information document for details of documentation required) |  |
| 4 | That your application is submitted by the closing date and time of **Thursday 21st April 2022 at 12:00 Noon.** |  |
| 5 | That you have downloaded the job specification and Additional Campaign Information for future reference. | | |

**If all required details / documentation (as above) are not submitted with your application we will be unable to process your application to the next stage of the process i.e. short listing / interview**

1. [↑](#footnote-ref-1)