**All sections to be completed in full**



|  |
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| APPLICATION FORM**Obstetric / Gynaecology Sonographer****Saolta University Health Care Group****HBS05850** |

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, including the supplementary questions section, in full. Failure to complete all areas of the application form may result in you not being brought forward to the interview stage of the selection process.

* Candidates should note that there can be a time delay in receiving email applications. We recommend that applicants wishing to return an application by email should allow a minimum of 1 hour for their application to reach nrs.kells@hse.ie, by the closing time of **12.00 noon on Thursday, 25th January 2018.** Applications *will not* be accepted after this date and time, no exceptions will be made.
* It is preferable that Application Forms are typed.
* Where returning by email please use the subject line: **HBS05850, Obstetric / Gynaecology Sonographer**
* 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 on line storage site e.g. Google Drive) when emailing your application.
* In relation to details of employment, if the space provided is insufficient, please attach additional pages ensuring to use the same format.
* Please read the Job Specification which provides useful information about the requirements of this post.
* 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 2003 and the Freedom of Information Act 2014.

***Please return completed application form to:***

|  |
| --- |
| **E-mail:** nrs.kells@hse.ie, **Post: Alison Doyle, HBS Recruit, Health Business Services, HR, HSE, Bective Street, Kells, Co. Meath**  |
| **Closing date for applications:** | **Thursday, 25th January 2018 at 12 noon**  |
| **It is anticipated that interviews will be held: week beginning 26th February 2018.** |

Applicant Details:

|  |  |
| --- | --- |
| Position Applied for: | **Obstetric / Gynaecology Sonographer** |
| Position Reference No.: | HBS05850 |
|  |  |  |  |
| Candidate Reference No *(office use only)* | HBS05850 – |
| **Personal Details:** |  |  |  |
| First Name : |  |
|  |  |  |  |
| Last Name: |  |
|  |  |  |  |
| Postal address for correspondence: |  |
|  |
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|  |  |
| --- | --- |
| **MOBILE TELEPHONE *(mandatory)***: |  |
|  |  |  |  |
| 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.

To help us gauge the efficiency of our advertising strategy for this campaign, the HSE would appreciate it if you indicated in the table below where you saw this campaign advertised.

|  |  |
| --- | --- |
| LinkedIn  | [ ]  |
| HSE website – [www.hse.ie](http://www.hse.ie/)  | [ ]  |
| Notification from HSE Talent Pool | [ ]  |
| Word of mouth - my manager / colleague | [ ]  |
| Other, please say which |  |

*++ More than one indication is allowed.*

1. **Superannuation Schemes**

Are you currently in receipt of a Voluntary Early Retirement or Ill Health Early Retirement Pension from any of the Public Health Superannuation Schemes listed at 1-5 below, or any other Public Sector Pension Scheme?

|  |
| --- |
| **Are you currently in receipt of a pension from any of the following superannuation schemes? (This means have you retired?)** |
|  | **YES** | **NO** |
| 1. Local Government Superannuation Scheme (LGSS)
 |  |  |
| 1. Health Service Executive Employee Superannuation Scheme
 |  |  |
| 1. Voluntary Hospital’s Superannuation Scheme (VHSS)
 |  |  |
| 1. Nominated Health Agencies Superannuation Scheme (NHASS)
 |  |  |
| 1. Other Public Service Superannuation Scheme
 |  |  |

If you have answered ‘yes’ in relation to being in receipt of a pension from any of the above Superannuation Schemes you are not eligible to apply for this recruitment campaign. Please read Appendix 4 in ‘Additional Campaign Information’ for further details.

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

1. **Proficiency in Irish**

Candidates will be afforded the added opportunity to demonstrate their ability to perform the duties of the office through Irish. This assessment will be on a pass/fail basis and will not disturb the marks awarded in the selection process. Where vacancies arise for which proficiency in Irish is a management requirement, the HSE will offer such posts in order of merit to candidates who have successfully passed the Irish assessment. Please indicate if you wish to undertake an Irish assessment exam.

Yes [ ]  / No [ ]

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

Please indicate below how your qualifications and professional experience meet the eligibility criteria for the post of Obstetric / Gynaecology Sonographer. **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 the relevant section below, either **A, B or C.**

|  |
| --- |
| *Please indicate under which Eligibility Criteria you are applying.* |
| **A. Clinical Midwife Specialist** |  |
| **B. Radiographer, Senior** |  |
| **C. Radiographer, Clinical Specialist** |  |

**A. Clinical Midwife Specialist**

1. **Please indicate below if you are registered in the Midwives Division of the Register of Nurses maintained by Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) or be entitled to be so registered.**

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.*

|  |  |
| --- | --- |
| **Registration** | **Pin Number** |
| I am a fully qualified Midwife with active An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) registration. |  |
| I am a fully qualified Midwife on the inactive register in the Midwives Division of the Register of Nurses kept by An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). |  |
| I am a fully qualified Midwife registered with a European Authority other than An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).  |  |
| I am a fully qualified Midwife registered with a non-European Authority |  |
| The date my name was entered on the register for the Midwives Division(s) is:Please enter as DD/MM/YYYY |  |

1. **I am applying for the post of Obstetric / Gynaecology Sonographer as a Clinical Midwife Specialist under the following eligibility criteria:**

|  |  |
| --- | --- |
|  | **Yes** |
| 1. **I have successfully completed a post registration programme of Study, as certified by the education provider, which verifies that I have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialist area of Obstetric Ultrasound.** *(copy attached with my application form)*
 |  |

*(If you have ticked “Yes” to point (a) above, please complete* ***Section 1*** *on Page 5 of this Application Form)*

**OR**

|  |  |
| --- | --- |
|  | **Yes** |
| 1. **I have yet to receive an award but have successfully completed the required number of relevant modules AND/OR 60 ECTS Credits that equates to a formal recognised post registration programme of Study, as certified by the education provider, which verifies that I have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialist area of Obstetric Ultrasound.** *(copy attached with my application form)*
 |  |

*(If you have ticked “Yes” to point (b) above, please complete* ***Section 2*** *on Page 6 of this Application Form)*

**Section 1**

1. **Please detail below your formal Level 8 award (or higher) recognised post registration programme of study as certified by the education provider, which verifies that you have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialist area of Obstetric Ultrasound.**

**Please take special care in completing this section i.e. in detailing correct course title(s), course duration and award(s) received, including any major specialty options where applicable: educational eligibility will be decided based on the information provided here. Any errors or omissions may not be rectified after the closing date and time for receipt of applications.**

*A photocopy of your Level 8 award (or higher) post registration programme of study, as certified by the education provider, which verifies that you have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialty area of Obstetric Ultrasound, must be submitted with your Application Form. Failure to submit a copy of your award will result in you not being brought forward to the next stage of the selection process.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Award (00/00/00)** | **College / Educational Institution** | **Name of Course** | **Award** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Note to Applicants:** In relation to the Level 8 qualification(s) which you have listed above, please provide full details in relation to the modules completed, specifically those that relate to the specialist area of Obstetric Ultrasound.

|  |  |
| --- | --- |
| **Name of Level 8 Qualification** | **List of modules as detailed on your Course Transcript** |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 2**

1. **I have yet to receive an award but have successfully completed the required number of relevant modules AND/OR 60 ECTS Credits that equates to a formal recognised post registration programme of study, as certified by the education provider, which verifies that I have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialist area of Obstetric Ultrasound.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates of Course** **From (00/00/00) –To(00/00/00)** | **College / Educational Institution** | **Name of Course** | **List of modules as detailed on your Course Transcript** | **Number of ECTS Credits** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*A photocopy of your letter from the College/University confirming that you have completed the required number of relevant modules AND/OR 60 ECTS Credits that equates to a formal recognised post registration programme of study as certified by the education provider, which verifies that you have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialty area of Obstetric Ultrasound must be submitted with your Application Form. Failure to submit a copy of this letter will result in you not being brought forward to the next stage of the selection process.*

**And**

1. **Please indicate your 5 years post registration full time experience or an aggregate of 5 years full time experience in the Midwives Division, (of which 2 years full time experience or an aggregate of 2 years full time experience must be in the specialty area of Obstetric Ultrasound).**

**Please note that you must have achieved the 5 years (60 Months) experience no later than Thursday, 25th January 2018.** 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** |  |  |  |  |  |

If it is not clearly evident from the title of your post that it satisfies the eligibility criterion for a **Clinical Midwife Specialist** please provide further detail in the box below

|  |
| --- |
|  |

**And**

1. **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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**B. Radiographer, Senior**

1. **CORU – The Health & Social Care Professionals Council Registration**

|  |  |  |
| --- | --- | --- |
| **Registration** | **Please tick as appropriate**  | **Registration Number** |
| 1. I am a fully qualified Radiographer registered in the Radiographer’s Division of the Radiographer Register with the Health & Social Care Professionals Council (CORU).
 |  |  |
| 1. I am a fully qualified Radiographer who has applied for registration in the Radiographer’s Division of the Radiographer Register with the Health & Social Care Professionals Council (CORU).
 |  | **N/A** |
| 1. I am a fully qualified Radiographer who has not applied for registration in the Radiographer’s Division of the Radiographer Register with the Health & Social Care Professionals Council (CORU).
 |  |
| For 1. & 2. above please include the **date of application for registration** with the Radiographer Division of the Radiographer’s Register with the Health & Social Care Professionals Council (CORU). |  |

*Seeking registration with CORU is the responsibility of the applicant. More information on CORU registration is available in Appendix 1 of Additional Campaign Information.*

1. **Professional Recognised Radiography Qualification**

Please take special care in completing this section i.e. in detailing correct course title(s), course duration, award(s) received, including any major specialty options where applicable, and date of award(s). Any errors or omissions may not be rectified after the closing date and time for receipt of applications.

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

If your educational award has not been obtained in the Republic of Ireland, have you received validation of your qualifications by the Department of Health, where applicable, or by CORU - the Health & Social Care Professionals Council? (Please see Appendix 1 of Additional Campaign Information for further information)

 **Please tick appropriate box**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Department of Health** |  |  |
| **CORU** |  |  |

**AND**

1. **Please indicate your three years’ fulltime (or an aggregate of three years) post qualification clinical experience. Please note you must have achieved the three years (36 months) experience no later than Thursday, 25th January 2018.**

**Date of receipt of your final exam results 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** |
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| **Total Cumulative Months** |  |

**AND**

1. **Post Specific Requirement**

**Please provide details below of your post graduate qualification relevant to the specialism of Obstetric Ultrasound at a minimum of QQI Level 9 as recognised by the IIRRT.** *A copy of your qualification and transcript must be submitted with your Application Form. Failure to submit these documents may result in you not being brought forward to the next stage of the selection process.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Award****(00/00/00)** | **College / Educational Institution** | **Name of Course** | **Award** |
|  |  |  |  |
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**If it is not obvious that your qualification is relevant to the specialism of Obstetric Ultrasound please provide further evidence/information below.**

|  |
| --- |
|  |

**C. Radiographer, Clinical Specialist**

1. **CORU – The Health & Social Care Professionals Council Registration**

|  |  |  |
| --- | --- | --- |
| **Registration** | **Please tick as appropriate**  | **Registration Number** |
| 1. I am a fully qualified Radiographer registered in the Radiographer’s Division of the Radiographer Register with the Health & Social Care Professionals Council (CORU).
 |  |  |
| 1. I am a fully qualified Radiographer who has applied for registration in the Radiographer’s Division of the Radiographer Register with the Health & Social Care Professionals Council (CORU).
 |  | **N/A** |
| 1. I am a fully qualified Radiographer who has not applied for registration in the Radiographer’s Division of the Radiographer Register with the Health & Social Care Professionals Council (CORU).
 |  |
| For 1. & 2. above please include the **date of application for registration** with the Radiographer Division of the Radiographer’s Register with the Health & Social Care Professionals Council (CORU). |  |

*Seeking registration with CORU is the responsibility of the applicant. More information on CORU registration is available in Appendix 1 of Additional Campaign Information.*

1. **Professional Recognised Radiography Qualification**

Please take special care in completing this section i.e. in detailing correct course title(s), course duration, award(s) received, including any major specialty options where applicable, and date of award(s). Any errors or omissions may not be rectified after the closing date and time for receipt of applications.

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

If your educational award has not been obtained in the Republic of Ireland, have you received validation of your qualifications by the Department of Health, where applicable, or by CORU - the Health & Social Care Professionals Council? (Please see Appendix 1 of Additional Campaign Information for further information)

 **Please tick appropriate box**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Department of Health** |  |  |
| **CORU** |  |  |

**AND**

1. **Please indicate your 6 years’ (or an aggregate of 6 years) full-time post qualification clinical experience, which must include no less than 4 years practical clinical experience working in the speciality of Obstetric Ultrasound**. Practical clinical experience will include time assigned to work in Obstetric Ultrasound but needs to comply with the following breakdown:
	* Pre commencement of a postgraduate course (maximum of 1 year\* allowed);
	* Time spent completing the post graduate course (maximum of 1 year\*\* allowed);
	* A minimum of 2 year’s experience\* following completion of a postgraduate course.

\*A minimum of 12 weeks assigned to work in Obstetric Ultrasound will be required for each relevant year to be counted.

\*\*The research component of a postgraduate programme will count towards the post course time once the Radiographer has successfully completed the taught components of the programme.

**Please note you must have achieved the six years (72 months) experience no later than Thursday, 25th January 2018.** 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.

**Date of receipt of your final exam results in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Date your post graduate course commenced in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Date your post graduate course ended in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

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

**\*If it is not obvious from the title of the post that you fulfil the eligibility criteria please provide further detail in the box below.**

|  |
| --- |
|  |

1. **Possess a recognised postgraduate course relevant to the specialism of Obstetric Ultrasound (Quality & Qualifications Ireland Level 9) as recognised by the IIRRT.** Please take special care in completing this section, i.e., in detailing correct course title(s), award(s) received, including any major specialty options where applicable, and date of award(s). Educational eligibility will be decided based on the information provided here. Any errors or omissions may not be rectified after the closing date and time for receipt of applications. *A copy of your qualification and transcript must be submitted with your Application Form. Failure to submit these documents may result in you not being brought forward to the next stage of the selection process.*

**Date of receipt of your final exam results in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Date your post graduate course commenced in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Date your post graduate course ended in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Award****(00/00/00)** | **College / Educational Institution** | **Name of Course** | **Award** |
|  |  |  |  |
|  |  |  |  |

**If it is not obvious that your qualification is relevant to the specialism of Obstetric Ultrasound please provide further evidence/information below.**

|  |
| --- |
|  |

**ADDITIONAL 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).**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (00/00):** | **To (00/00):** |
| Main Roles & Responsibilities: |

|  |
| --- |
| **Job Title:** **Grade/ Management Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To (00/00):** |
| Main Roles & Responsibilities: |

|  |
| --- |
| **Job Title:** **Grade/ Management Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To (00/00):** |
| Main Roles & Responsibilities: |

|  |
| --- |
| **Job Title:** **Grade/ Management Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To (00/00):** |
| Main Roles & Responsibilities: |

|  |
| --- |
| **Job Title:** **Grade/ Management Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To (00/00):** |
| Main Roles & Responsibilities: |

### Supplementary Questions 1 - 4

**A guide to completing supplementary questions is available in Appendix 1 of this application form. It is strongly recommended that you read the guide before completing this section of your application form.**

**In the spaces below, briefly describe what you consider to be a good example of demonstrating your ability in each of the skill areas 1 - 3. A summary definition of each of skill areas is provided for your information. This is a summary of what we mean by each skill heading. Please provide the information in the format requested at (a), (b), and (c) on the “Information on completing the Supplementary Questions” Section. Remember anything you say may be used as part of a shortlisting/ranking exercise and may be discussed in more depth at interview**, **should you be called to one.**

|  |
| --- |
| 1. Organisation and Management SkillsIt is important for the Obstetric / Gynaecology Sonographer to be able to plan and organise resources efficiently and effectively within a specified timeframe. She/he coordinates and schedules activities to ensure the smooth running of his/her area of responsibility and will effectively manage unexpected events. She/he is flexible and adaptable in approach to their workload. She/he has the ability to contribute to service planning e.g. by anticipating the changing needs of the service users and developing professional practice accordingly. *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
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| 2. Building and Maintaining Relationships (including Team Skills and Leadership Skills) It is important for the Obstetric / Gynaecology Sonographer to be able to work independently as well as part of a wider healthcare team; building and maintaining relationships and understanding and valuing individuals and their respective roles. She/he maintains open communication channels with team members and others as appropriate. She/he reacts constructively to setbacks and is able to both give and receive feedback. She/he uses diplomacy and tact in fraught situations and can diffuse tense situation comfortably. *In the space below, please give an example of a situation where you demonstrated your ability in this area.* |
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| **3.** **Commitment to Providing a Quality Service**The Obstetric / Gynaecology Sonographer is adaptable and open to change in striving to ensure high standards in the service of today. She/he displays service innovation and initiative. She/he ensures that all service users are treated with dignity and respect and that the welfare of the service user is a key consideration at all times. She/he monitors and reviews his/her own work and that of others to ensure its quality and accuracy. *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
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| **4. Experience Relevant To The Role**Please provide below SPECIFIC DETAILS from your experience to date that you feel help you meet the requirements for this post as detailed in the Job Specification. Please note that the information supplied here will be taken into consideration in determining your eligibility and / or shortlisting / ranking for this campaign. *Please include dates i.e. from x date to x date, number of months, the name of the employer & Department you worked in, and details as to how you meet the requirements specified in the eligibility and ‘post specific requirements’ section of the Job Specification.* |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| **Please outline your depth and breadth of experience of Obstetric Ultrasound as relevant to the role.** |

**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 current employer). Please ensure that the referees you provide are from a clinical and 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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| --- | --- |
| **1. Name and Job Title of Referee:** |  |
| **Dates: From/To (00/00/00)** |
| Professional Relationship to candidate: |  |
| Postal Address: |  |
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|  |
| 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: |  |
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| 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: |  |
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| Telephone Contact Details: | Mobile: | Landline: |
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| 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 |  |

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| --- | --- |
| 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 NumberEmail AddressPostal Address | [ ] [ ] [ ]  | **Mandatory** |
| 2 | That the information you have provided with regard to eligibility to apply on pages 4 - 12 shows clear dates e.g. DD/MM/YY, education courses, job titles, college names, qualification titles | [ ]  |
| 3 | Supplementary Questions 1 - 4(Each question must be fully completed to ensure eligibility to progress in this campaign). | [ ]  |
| 4 | 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) | [ ]  |
| 5 | That your application is submitted by the closing date and time of **Thursday, 25th January 2018 at 12 noon** | [ ]  |
| 6 | 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.**

# Appendix 1

**SUPPLEMENTARY QUESTIONS GUIDE**

**Information on completing the Supplementary Questions:**

In the supplementary questions section, you are required to describe some of your personal achievements to date that demonstrate certain necessary skills and qualities required for the position of Obstetric / Gynaecology Sonographer. The skills and qualities are outlined in the Questions Areas 1 - 3.

All question areas must be completed and remember that you will be questioned on all areas at interview**.** The instructions below will help you to complete your answers, but you should also consider these instructions when you are preparing for interview.

For each Question Area 1 - 3, you are given a description of a skill or quality. You are then asked to describe a situation, from your own experience, which you think is the best example of what **YOU** have done which demonstrates this skill or quality. It is essential that you describe how **you** demonstrated the skill or quality in question.

The information you present here may form part of a ranking exercise process, and may also be used to help structure your interview, if you are invited to one. A ranking exercise may apply based on the information you provide in your application form. This means that a ranking board will “rank” applicants based on information put forward in the supplementary questions section of your application form. Interviews may be held on a phased basis, inviting applicants to interview based on the position held in the ranking exercise. A primary panel will be formed of candidates successful in the first phase of interviews. If subsequent interviews are held candidates successful at these interviews will be added to the end of the primary panel and will be listed with a lower order of merit.

Therefore, compose your replies carefully in this section and try to structure what you write so that you give specific information about what youhave done - for example, do not simply say that “X was successful”, describe exactly whatyou did and how you demonstrated the skill or quality in question.

One of the key skills required of the Obstetric / Gynaecology Sonographer is the ability to **write clearly and concisely and your written communication skills will be assessed against what you write on your application form**.

For each example please include the following:

**(a)** **the nature of the task, problem or objective;**

**(b) what you actually did and how you demonstrated the skill or quality (and, where appropriate, the date you demonstrated it);**

**(c) the outcome or result of the situation and your estimate of the proportion of credit you can claim for the outcome.**

Please do not use the same example to illustrate your answer to more than two skill areas.

Please note that, should you be called to interview, the board may look for **additional examples** of where you demonstrated the skills required for this post so you should think of a number of examples of where you demonstrated each of the skills.

Notes:

* You may use a word processor to reproduce these pages and type your replies
* It is recommended that you keep a copy of this section of the application form

Guidelines for Completing the Supplementary Questions

Supplementary Questions are designed to help you to present **relevant evidence** in order that decision makers can evaluate how well you ‘fit’ the requirements of a particular role. Relevant evidence is usually drawn from your work experience and the way in which you have accomplished a range of activities. Those involved in screening the applications will be evaluating the information you give against **specific skills** required for effective performance in the role. To do this they need you to give enough detail so that they can tell **what you actually did** and **how you did it.**

The people doing the screening **will not** assume that you demonstrate a skill at the right level just because of your current role, length of experience or educational qualifications. These do not give enough evidence about how you accomplished relevant tasks.

So, if a question is about your approach to decision making, you need to do more than describe your current role and list important decisions you have made. You will need to describe **how** you reached relevant decisions.

Some guidelines for presenting yourself well are given below:-

* **Give specific examples** – most questions will ask you to describe an example of when you have demonstrated a skill: try to do this concisely but with enough detail so that the reader will be clear about **what you actually did**.This detail might include information about timescales, the number of people involved, budgets etc. It can help to use bullet points to that the sequence of events is clear to the reader.
* **Give a range of examples** – if possible, base your answers on different situations or challenges you faced rather than rely on just one experience. This helps the reader to evaluate how you tackle different challenges and not just your behaviour in a ‘one off’ situation.
* **Be concrete rather than theoretical** – a clear description of **how you actually behaved** in a particular situation (and why) is of much more use to the reader than a vague or general description of what you consider to be desirable attributes.

# Examples on how to complete this section of the application form

**Skill Area: Communication Skills:** *able to adapt your communication style to particular situations and audiences….. able to produce clear and concise written information….*

***Example 1:*** *I was responsible for producing important management reports and supporting presentations for a range of important and high profile clients. Through my understanding of the clients’ needs and my effective communication skills, I have ensured that the reports that go to the clients are relevant and focused, and are continually improved. The reports I have produced and the presentations I have made were well received by all my clients. As a result of the combination of my analytical thinking and interpersonal and communication skills, my brief has been extended to lead the development of the strategic plan for the organisation.*

***Example 2:*** *(a) The unit I was attached to was responsible for producing a management report and supporting oral presentation for several large clients, some with significant problems and issues to report. In some cases the management report was publicly available and was subject to a great deal of scrutiny. A new style/format of management letter needed to be developed for my clients, as many of the clients were complaining that the letters were too large/long and difficult to read.*

*(b) I was tasked with developing a new style of management letter for the clients. I had to meet stringent quality requirements/criteria whilst addressing the need to reduce its size. Following consultation, mainly over the phone and face-to-face, with the majority of our clients, I realised that a summarised report format with a better visual and more interactive presentation was the answer. I developed a format for a summarised report, reducing the average length from 40 pages to just 10. I achieved this through careful editing of information and increased use of graphs etc. I then developed a more focused presentation to clients and included more graphical displays and incorporated short presentations by colleagues directly involved in producing the work. During the presentations I encouraged clients to ask questions and develop their understanding of the issues at hand.*

*(c )The summarised management report and improved presentations were seen as a success by the clients, who with exception, in responding to an evaluation survey, found the new format/style better than the previous, and all requested that the revised system should be continued. 80% credit*

**Example 1 (above):**

This is **not** a good example because it:

* does not give sufficient details of exactly what the person did or how they actually demonstrated their *“ effective communications skills”*
* also, it is not clear where the information requested at (a), (b) and (c) (supplementary section) is presented.

**Example 2 (above):**

This is a **better** example because it:

* describes exactly what the person did and how they communicated, for example

***“…..consultation, mainly over the phone and face-to face” & “developed a format for a summarised report, reducing the average length from 40 pages to just 10” “achieved this through careful editing of the information and increased use of graphs”. “encouraged clients to ask questions”***

* also, it is clearer where the information requested at (a), (b) and (c) of the supplementary question section is presented.

**Reminder:**

**Once you have completed Question Areas 1 - 3, you should progress to Question Area 4 - an Experience Question. Please note that all 4 areas must be completed at the time of application.**

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. [↑](#footnote-ref-1)