

**APPLICATION FORM**

**G3735 – Medical Laboratory Aide  
Galway University Hospitals**

* Please read the Job Specification which provides useful information about the requirements of this role.
* Please ensure you download, read and fully understand the ‘Applicant Information Pack’ document specific to this campaign that is available on [www.saolta.ie](http://www.saolta.ie)
* Please ensure you read the instructions for the completion of this Application Form and complete all areas in full. Failure to complete all areas of the Application Form will result in you not being brought forward to the interview stage of the selection process.
* Candidates should note that there can be a time delay in receiving email applications. We recommend that applicants returning an application by email should allow a minimum of 1 hour for their application to reach [resources.human@hse.ie](mailto:resources.human@hse.ie) by the closing time of **10.00am on 29th June 2021.** Applications *will not* be accepted after this date and time, no exceptions will be made. You will receive an acknowledgement by email that your application form has been received during office hours. If you do not receive an acknowledgement, it means that we have not received your application and would strongly advise you to contact this office before the closing date for the campaign.
* It is preferable that Application Forms are typed.
* Due to emails being stopped by our security system and to ensure your application does not get quarantined, please include the Campaign Reference and the Campaign Name on the subject line of the email when submitting applications –**G3735 – Medical Laboratory Aide, Galway University Hospitals**
* Applications must be submitted as a Microsoft Word or PDF document format only. Applications stored on personal online storage sites, e.g. Onedrive, Cloud, Dropbox, Google Drive etc will not be accepted. Applications submitted in other file formats e.g. Google Docs will not be accepted. Please pay particular attention to ensure that your application is attached as an attachment (not a link to an online storage site e.g. Google Drive) when emailing your application.
* In relation to details of employment, if the space provided is insufficient, please attach additional pages ensuring to use the same format.
* Should you be invited for interview, you may have a 'hard' copy (i.e. 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 Applicant Information Pack document.
* The Health Service Executive is an Equal Opportunities Employer.
* The Health Service Executive recognises its responsibilities under the Data Protection Acts 1988 to 2018 and the Freedom of Information Act 2014.

|  |  |
| --- | --- |
| **Closing Date & Time** | ***10.00am on 29th June 2021*** |
| **Return Application Forms To** | Email to: [resources.human@hse.ie](mailto:resources.human@hse.ie) using the subject line – G3735 – Medical Laboratory Aide, Galway University Hospitals |
| **Anticipated Interview Date(s)** | Interviews will be held as soon as possible after the closing date. Candidates will normally be given at least one weeks' notice of interview. The timescale may be reduced in exceptional circumstances. |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Medical Laboratory Aide, Galway University Hospitals** |
| Campaign Reference No.: | **G3735** |
| **Personal Details** |  |
|  |  |
| First Name: |  |
| Last Name: |  |
|  |  |
| Postal Address for Correspondence: |  |
|  |
|  |

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

|  |  |
| --- | --- |
| Email Address **(mandatory)**:  (You may provide more than one) |  |
| Drivers Licence*:*  (Please state type & category) |
|  |
| SKYPE Details:  (Please provide Skype ID) |
|  |

**European Economic Area (EEA)**

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

**If you are a non-EEA citizen you must provide the requested documentation to support your application**. Please see Appendix 2 of the ‘Applicant Information Pack’ document for further information and for a definition of an EEA National.

In order to help us gauge the efficiency of our advertising strategy for this campaign, we would appreciate if you indicated below where you saw the campaign advertised. *+*

|  |  |
| --- | --- |
| HSE Website |  |
| Word of mouth – my manager/colleague |  |
| Notification from HSE Talent Pool |  |
| Saolta website |  |
| LinkedIn |  |
| Twitter |  |
| 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 Medical Laboratory Aide. **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.**

**(i) Have previous experience of work in a hospital laboratory or science laboratory**

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** | | |  |  | |

**OR**

**(ii) Be currently employed with no less than twelve months experience in the publicly funded Irish Health Service**

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** | | |  |  | |

**OR**

**(iii) Hold a qualification to minimum standard of Quality & Qualifications Ireland Level 5 (or higher) in Laboratory Skills**

(Please provide full details in relation to the modules completed, specifically those that relate to Laboratory Skills)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates to & from of Award (00/00/00) to (00/00/00)** | **College / Educational Institution** | **List of modules as detailed on your Course Transcript** | **Full Name of Course from Transcript** | **Award** |
|  |  |  |  |  |
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**\*** If it is not clearly evident from the **Title of Post** that it satisfies the eligibility criteria of Medical Laboratory Aide please provide further detail in the box below:

**ADDITIONAL EDUCATIONAL ACHIEVEMENTS**

**Please list your 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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* + 1. **CAREER OVERVIEW**

Please ensure your full career history is clearly outlined below (e.g. if you took a career break, spent time out of work, please include this information so there are **no gaps in your career history** from when you left full-time education to present date).

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Title** | **Employer** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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: | |

**Disability**

Do you consider yourself to have a disability that might require a special accommodation(s) to enable to participate to the best of your ability in the selection process? Yes  No 

**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: Date:**

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*(Name of Applicant)*

*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.*

* + 1. **REFERENCES**

Please give three referees (including your current employer). References are required from an appropriate, direct line manager(s) who had clinical/ professional responsibility/ accountability for your supervision during the employment(s). 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:**

**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:**

**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:**

**Postal Address:**

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

**Email Address:**

* + 1. **APPLICANT CHECKLIST**

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

|  |  |  |
| --- | --- | --- |
| Mobile Telephone Number  Email Address  Postal Address  Skype Details |  | **Mandatory** |
| That the information you have provided in the Qualification/ Eligibility Criteria section clearly shows how your qualifications/ experience match the requirements. Dates should be clearly indicated i.e. DD/MM/YY, qualification titles etc. |  |
| Work Permit Documentation (if relevant to non-EEA applicants). Please refer to Appendix 2 of the Applicant Information Pack document for details of documentation required. |  |  |
| Application is submitted by the closing date and time and that you have used the campaign reference in the subject line of your email. |  |  |
| That you have downloaded and saved the Job Specification and Applicant Information Pack for future reference. | | |