APPLICATION FORM

Staff Nurse (General)

Letterkenny University Hospital

* 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
* 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.
* Only fully completed application forms submitted via Rezoomo by the closing time and date will be accepted. There will be no exceptions made
* 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.

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| **Closing Date & Time** | **Rolling campaign** |
| **Anticipated Interview Date(s)** | **To be confirmed**  |
| **Competition Reference No** | **L7143****APPLICATION BY REZOOMO :**[**https://www.rezoomo.com/job/48388/**](https://www.rezoomo.com/job/48388/) |

**Please indicate in order of preference below the areas in which you wish to be considered for employment:**

**Medical Wards  Surgical Wards **

**Acute Stroke Unit **

**Emergency Department **

**Theatre **

**Cancer Services **

**APPLICANT DETAILS**

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| First Name: |  |
| Last Name: |  |
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| Address: |  |
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| Contact Telephone**:** |  |
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| Email Address**:** |  |

 **Eligibility to work in Ireland:**

Are you eligible to work in the Republic of Ireland? **Yes □ No □**

Enclose a copy of your Valid Work Visa/Permit (if applicable)

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| Expiry Date of Visa/Permit: |  |

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

Please indicate below how your qualifications and professional experience meet the eligibility criteria for the post of Staff Nurse. **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.

**1. Registered, or be eligible for registration, in the General Nurse Division of the Register of Nurses kept by the Nursing & Midwifery Board of Ireland [NMBI] (Bord Altranais agus Cnáimhseachais na hÉireann).**

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| **Registration** | **Please tick as appropriate to your current status** | **Pin Number** |
| I am a fully qualified Nurse with active An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) registration |  |  |

*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.*

**EDUCATIONAL ACHIEVEMENTS**

**Please list your third level and any additional educational achievements relevant to this role.**

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| **Dates****From/To** | **Educational Institution** | **Conferring****Body** | **Course of Study** | **Qualification Achieved** | **Grades Achieved** |
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| **Additional training relevant to the role (including employment based training)** |
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### 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). **Please begin by listing the most recent first.**

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| **Job Title:** **Grade:** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To(00/00):** |
| **Main Roles & Responsibilities:** |
| **Reason for leaving:** |

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

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

### 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. Please reference the job specification for a summary definition of each competency/skill area.**

1. **Professional/Clinical Knowledge**
2. **Planning & Organising**
3. **Commitment to Providing Quality Services**
4. **Building and Maintaining Relationships**
5. **Communication & Interpersonal Skills (Globally Assessed)**

### 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)*

**Date:**

### 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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| **1. Name and Job Title of Referee:** |  |
| 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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| **2. Name and Job Title of Referee:** |  |
| 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:** |  |
| Professional Relationship to candidate: |  |
| Postal Address: |  |
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| Telephone Contact Details: | Mobile: | Landline: |
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| Email Address:  |  |

1. [↑](#footnote-ref-1)