

**APPLICATION FORM**

**P1017 – Grade VI, HIPE Section Officer,  
Portiuncula University Hospital**

* Please ensure you fully read and understand the ‘Additional Campaign Information’ document specific to this campaign that is available on [www.saolta.ie](http://www.saolta.ie)

# Please ensure you read in full, the instructions for the completion of this application form and complete all areas, 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.

# Please return completed application forms to us by post to Group Recruitment & Retention Office, Room 53 1st Floor, Clinical & Administration Block A, Merlin Park University Hospital, Galway by the closing time of 10.00am on 17th June 2021

# Applications *will not* be accepted after this date and time, no exceptions will be made. You will receive an acknowledgement that your application form has been received. 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.
* 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 have 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 [www.saolta.ie](http://www.saolta.ie)
* The Health Service Executive is an Equal Opportunities Employer.
* The Health Service Executive recognises its responsibilities under the Data Protection Acts 2003 & 1988 and the Freedom of Information Act 2014.

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| --- | --- |
| **Closing Date & Time** | ***10.00am on17th June 2021*** |
| **Return Application Forms To** | **By Post to:** Group Recruitment & Retention Office, Room 53 1st Floor, Clinical & Administration Block A, Merlin Park University Hospital, Galway |
| **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: | **Grade VI, HIPE Section Officer, Portiuncula University Hospital** |
| Campaign Reference No.: | **P1017** |
| **Personal Details** |  |
|  |  |
| First Name: |  |
| Last Name: |  |
|  |  |
| Postal Address for Correspondence: |  |
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| --- | --- |
| Mobile Telephone **(mandatory)**: |  |
| Contact Telephone No. 2: |  |

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

**Current Contractual Status**

* **I am currently a HSE employee\* Yes**  **No**
* **I am currently a Tusla employee\* Yes  No**
* **I am currently an employee of another statutory health agency Yes  No**

**Please specify which statutory health agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **I am currently an employee of a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004 as per as per Workplace Relations Commission agreement -161867 Yes  No  please specify body you are employed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| --- | --- | --- | --- |
| 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/Tusla and not in a post funded or partially funded by the HSE/Tusla

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| --- | --- |
| **What is your current employment title?** |  |
| **Current Grade/ Level as per Consolidated Pay Scales *e.g. Senior Physiotherapist, Clinical Nurse Manager 2, Clerical Officer Grade III etc.*** |  |
| **Date of your appointment to this post** |  |

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

**This campaign is confined to staff who are currently employed by the HSE, TUSLA, other statutory health agencies, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004 as per Workplace Relations Commission agreement -161867"**

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| --- |
| 1. **Eligible applicants will be those who on the closing date for the competition:** |
|
| Have satisfactory experience as a Clerical Officer in the HSE, TUSLA, other statutory health agencies, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004. |

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.

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| --- | --- | --- | --- | --- | --- |
| **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** | | |  |  | |

**Or**

Have obtained a pass (Grade D) in at least five subjects from the approved list of subjects in the Department of Education Leaving Certificate Examination, including Mathematics and English or Irish (See Note 1). Candidates should have obtained at least Grade C on higher level papers in three subjects in that examination.

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| --- | --- | --- | --- | --- |
| **Year Of Leaving Certificate** | **College / Educational Institution** | **Subject Studied** | **Higher/Ordinary Level** | **Grade** |
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**Or**

Have completed a relevant examination at a comparable standard in any equivalent examination in another jurisdiction.

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| --- | --- | --- | --- |
| **Date of Award**  **DD/MM/YYYY** | **Educational Institution** | **Name of Course** | **Award** |
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**Or**

Hold a comparable and relevant third level qualification of at least level 6 on the National Qualifications Framework maintained by Qualifications and Quality Ireland, (QQI).

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| **Date of Award**  **DD/MM/YYYY** | **Educational Institution** | **Name of Course** | **Award** |
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*Note1: Candidates must achieve a pass in Ordinary or Higher level papers. A pass in a foundation level paper is not acceptable. Candidates must have achieved these grades on the Leaving Certificate Established programme or the Leaving Certificate Vocational programme. The Leaving Certification Applied Programme does not fulfil the eligibility criteria.*

**POST SPECIFIC REQUIREMENTS**

Please indicate below how your professional experience meets the eligibility criteria for the post of **Grade VI, HIPE Section Officer, Portiuncula University Hospital.** 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 complete each section below.

**This section will be assessed by a board of Senior Managers to consider your experience as it is relevant to the eligibility criteria.**

* **Please note that if you omit information in this section pertinent to the eligibility criteria you may be deemed ineligible and subsequently not called forward to interview.**
* **Short listing may occur based on the information provided here and in the other areas of this application form.**
* **Please complete each section below. As you complete each section we recognise there will be overlap in the employer and date periods.**

|  |  |
| --- | --- |
| **Please outline your significant experience of clinical coding including working in a hospital setting with practical coding experience e.g. extraction of appropriate information from charts and application of clinical codes from a recognised clinical coding scheme e.g. ICD-10-AM/ACHI/ACS., as relevant to this role.** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
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**AND**

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| **Please outline your evidence of attending Clinical Coding training courses up to specialist level with the Health Care Pricing Office (HPO)** |

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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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| **Please outline your experience in data analysis and in the use of Microsoft Excel, as relevant to this role.** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
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**AND**

**ADDITIONAL EDUCATIONAL ACHIEVEMENTS**

**Please list your second level and any (additional) third level educational achievements.**

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| --- | --- | --- | --- | --- | --- |
| **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).

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

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| --- | --- |
| **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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name of Applicant)*

* + 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. |  |  |
| That you have downloaded and saved the Job Specification and Applicant Information Pack for future reference. | | |