

**APPLICATION FORM**

**SPPHARMGUH – Supplementary Panel - Pharmacist, Staff Grade,  
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
* 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 will be accepted. No exceptions will be 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.

|  |  |
| --- | --- |
| **Only fully completed application forms submitted via Rezoomo will be accepted. No exceptions will be made.** | |
| **Anticipated Interview Date(s)** | Interview dates will be communicated to eligible applicants when they are scheduled. Throughout the lifetime of this rolling campaign we will continually draw from the applicant pool, processing applications and holding interviews in order to fill current and future vacancies. |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Supplementary Panel - Pharmacist, Staff Grade, Galway University Hospitals** |
| Campaign Reference No.: | **SPPHARMGUH** |
| **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) |
|  |

**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 **Pharmacist, Staff Grade, Galway University Hospitals**. **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.**

Further information in relation to the eligibility criteria is available in the Job Specification.

**Please indicate below the category under which you are eligible to apply:**

1. **Be a registered Pharmacist with the Pharmaceutical Society of Ireland (PSI) or be entitled to be so registered.**

|  |  |
| --- | --- |
|  | **YES** |
| I am a **registered** Pharmacist with the Pharmaceutical Society of Ireland (PSI)  **Or** |  |
| I am **entitled** to be registered with the Pharmaceutical Society of Ireland (PSI) |  |

**If you are registered with the PSI, please provide the following details:**

|  |  |
| --- | --- |
| **Registration with Pharmaceutical Society of Ireland** | |
| Registration Number |  |
| Date of Registration |  |
| Expiry Date |  |

**If you are registered with another Pharmaceutical Society, please provide the following details:**

|  |  |
| --- | --- |
| **Registration with another Pharmaceutical Society of Ireland** | |
| Registration Number |  |
| Date of Registration |  |
| Expiry Date |  |

**Professional Recognised Pharmacist Qualification.** Please take special care in completing this section i.e. in detailing correct course title(s), and date of award(s). **Any errors or omissions may not be rectified after the closing date and time for receipt of applications.**

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

**If your educational award has not been obtained in the Republic of Ireland, have you received recognition of your qualifications?** (refer to Appendix 1 of Additional Campaign Information for further information).

|  |  |
| --- | --- |
| **Please tick appropriate box:** | |
| **Yes** | **No** |

**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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* + 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.*

**DETAILS OF REFEREES**

The HSE must be satisfied that it has a full and comprehensive suite of references which assures it that the applicant’s past performance and behaviours are appropriate to the post. The HSE determines the merit, appropriateness and relevance of references. The HSE reserves the right to remove candidates from specific recruitment panels and retract job offers if satisfactory clearances (e.g. past /current employment references, security clearances) cannot be obtained or are unsatisfactory. All previous employers may be contacted for reference purposes. **References are required from an appropriate, direct line manager(s) who had clinical/ professional responsibility/ accountability for your supervision during the employment(s).**

**Please give the name, address, email address and occupation of three referees including your current manager who we can contact for references.**

**Referees should not be related to you**.

|  |
| --- |
| **APPLICANT NAME:** |

|  |  |
| --- | --- |
| **REFEREE 1 NAME:** |  |
| **RELATIONSHIP TO YOU:** |  |
| **ADDRESS:** |  |
| **TELEPHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **DATES YOU WERE EMPLOYED:** |  |
| **GRADE YOU WERE EMPLOYED AS** |  |
| **OK TO CONTACT IF SUCCESSFUL AT INTERVIEW?** | **YES 󠆼🞎 NO 🞎** |

|  |  |
| --- | --- |
| **REFEREE 2 NAME:** |  |
| **RELATIONSHIP TO YOU:** |  |
| **ADDRESS:** |  |
| **TELEPHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **DATES YOU WERE EMPLOYED:** |  |
| **GRADE EMPLOYED AS** |  |
| **OK TO CONTACT IF SUCCESSFUL AT INTERVIEW?** | **YES 󠆼🞎 NO 🞎** |

|  |  |
| --- | --- |
| **REFEREE 3 NAME:** |  |
| **RELATIONSHIP TO YOU:** |  |
| **ADDRESS:** |  |
| **TELEPHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **DATES YOU WERE EMPLOYED:** |  |
| **GRADE EMPLOYED AS** |  |
| **OK TO CONTACT IF SUCCESSFUL AT INTERVIEW?** | **YES 󠆼🞎 NO 🞎** |

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