***Due to emails being stopped by our security system and to ensure your application does not get quarantined, please include the HBS Reference and the Campaign Name on the subject line of the email when submitting applications****.*



APPLICATION FORM

**HBS09270, Clinical Midwife Manager 2 (Antenatal Educator)**

**Mayo 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 ‘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 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.

* You must submit your application form via email only and we will accept the application form unsigned. You will be required to sign the General Declaration at a later date.
* 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 arrive by **12.00 noon** onthe closing date**.** Applications will not be accepted after this date and time, no exceptions will be made.
* It is preferable that Application Forms are typed.
* **As we are only accepting applications by email applications must be submitted in a Microsoft Word 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.
* 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.
* 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** | *Wednesday, 25th November 2020 at 12 noon* |
| **Return application forms by email to** | [Applynursing@hse.ie](mailto:Applynursing@hse.ie) using the subject line **HBS09270, Clinical Midwife Manager 2 (Antenatal Educator)**  **Please note that you must submit your application form via email only** |
| **Anticipated Interview Date(s)** | Proposed interview dates will be indicated at a later stage. Please note you may be called forward for interview at short notice**.** |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Clinical Midwife Manager 2 (Antenatal Educator)** |
| Campaign Reference No.: | **HBS09270** |
| **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 ‘Additional Campaign Information’ 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 |  |
| Public Jobs |  |
| Websites |  |
| Other – please say which |  |

*+ More than one indication is allowed.*

Please indicate below how your qualifications and professional experience meet the eligibility criteria for the role. **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.

**Please indicate the date of receipt of your first nursing registration in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**1. Registered in the Midwives Division of the Register of Nurses & Midwives maintained by Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland - NMBI) or entitled to be so registered.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration** | **Please tick as appropriate**  **to your current**  **status** | **Pin Number** | **Date entered on the register DD/MM/YY** |
| I am a fully qualified Midwife with active NMBI registration in the Midwives division of the Register of Nurses kept by NMBI |  |  |  |
| I am a fully qualified Midwife registered with a European Authority other than the NMBI |  |  |  |
| I am a fully qualified Midwife registered with a non-European Authority |  |  |  |

*Note: 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.*

**AND**

**2a. Please indicate your 5 years post registration experience. Please note that you must have achieved the**

**5 years (60 Months) experience no later than the closing date for this campaign.**

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**

**2b. The above years experience must include 2 years in the speciality area of Midwifery. Please indicate below your 2 years in this area. Please note that you must have achieved the 2 years (24 Months) no later than the closing date for this campaign.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 the Post that it satisfies the eligibility criteria please provide further detail in the box below:

**AND**

**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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### 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** |
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| **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, the name of your employer & department where you worked 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 demonstrate your depth and breadth of experience in the area of Childbirth Education as relevant to the role.** | |

|  |  |
| --- | --- |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| **Please demonstrate your depth and breadth of experience / involvement in the area of clinical practice management, practice development, education or quality improvement as relevant to the role.** | |

|  |  |
| --- | --- |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| **Please demonstrate your depth and breadth of teaching experience in the including assessing students and involvement in supporting staff in clinical education / facilitation as relevant to the post.** | |

**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:**

*(Name of Applicant)*

**Date:**

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.

### REFERENCES

Please give three referees (including your current employer). Please ensure that the referees you provide are from a clinical perspective. 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:**

### 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 Additional Campaign information 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 Additional Campaign Information for future reference. | | |