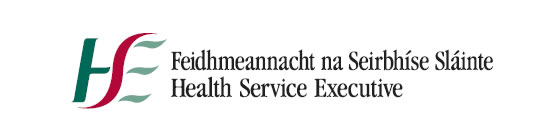
**All sections to be completed in full**



|  |
| --- |
| APPLICATION FORM **STAFF NURSE GENERAL** |

Section A Please carefully note the following instructions:

* 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 Commissioners for Public Service Appointments (CPSA). Codes of practice are published by the CPSA and are available on http://www.hse.ie/eng/staff/jobs in the document posted with each vacancy entitled “Code of Practice, Information for Candidates’.
* 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 Acts 1997 & 2003.

Applicant Details:

|  |  |
| --- | --- |
| Position Applied for: | **Staff Nurse General** |
| Position Reference No.: |  |
|  |  |
| Candidate Reference No *(office use only)* |  |
|  |  |
| **Personal Details:** |  |
| First name : | Tenzin |
|  |  |
| Last Name: | Tsomo |
|  |  |
| Address for correspondence: | |
|  |  |

|  |  |
| --- | --- |
| **MOBILE TELEPHONE *(mandatory)*:** | 9148200586 |
|  |  |
| **Contact Tel No. 2:** |  |
| **Email address (mandatory):** | Tenzintsomo51@gmail.com |
| Where did you see this position advertised? | |
| IITR Website | |

|  |  |
| --- | --- |
| **Drivers Licence *(please state type & category):*** |  |

**European Economic Area**

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

1. **Superannuation Schemes**

|  |  |  |
| --- | --- | --- |
| **Are you currently in receipt of a pension from any of the following superannuation schemes?** | | |
|  | **YES** | **NO** |
| 1. Local Government Superannuation Scheme (LGSS) |  | **NO** |
| 1. Health Service Executive Employee Superannuation Scheme |  | **NO** |
| 1. Voluntary Hospital’s Superannuation Scheme (VHSS) |  | **NO** |
| 1. Nominated Health Agencies Superannuation Scheme (NHASS) |  | **NO** |

If you have answered ‘yes’ in relation to any of the above Superannuation Schemes you are not eligible to apply for this recruitment campaign. Former Health Service and public sector employees must ensure that they adhere to their contractual obligations where they have previously availed of the Incentivised Scheme of Early Retirement (ISER), 2010 Voluntary Early Retirement Scheme (VER) or 2010 Voluntary Redundancy Scheme (VRS). Please read Appendix 5 in ‘Additional Campaign Information’ for further details.

**2. Current Contractual Status**

* **I am currently a HSE employee\* No**

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 Employee = you are a direct employee of the HSE and not in a post funded or partially funded by the HSE

**3. 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**

1. **Nursing Registration – please tick the statement which matches your registration status**

|  |  |
| --- | --- |
| **Registration** | **Pin Number** |
| I am actively registered in the General division of the Register of Nurses kept by the Nursing Midwifery Board Ireland |  |
| I am on the inactive register in the General division of the Register of Nurses kept by the Nursing Midwifery Board Ireland |  |
| I am registered as a General Nurse with a European Authority other than the Nursing Midwifery Board Ireland |  |
| I am registered as a General Nurse with a non European Authority |  |
| **The date my name was entered on the register for the above marked division(s) is**:  Please enter as DD/MM/YYYY |  |

1. **Specialty Areas - Please note that all candidates will be assessed at interview for the area of General Medical/Surgical**

You can also indicate your interest in working in specialty areas of nursing care. If you choose a Specialty Area from the list below you must provide specific details for each care area chosen in Question 4. You may choose multiple Specialty Areas provided you are genuinely interested in working in that area and have the necessary knowledge/ experience.

|  |  |
| --- | --- |
| **Please tick which specialty you are interested in:** | |
| 1. **Critical Care (which incorporates Coronary Care, Intensive Care Unit, High Dependency Unit).** |  |
| 1. **Theatre** |  |
| 1. **Emergency Dept** |  |
| 1. **Gerontology** |  |
| 1. **Other, please specify** |  |

**EDUCATIONAL ACHIEVEMENTS**

**Please include second level and third level educational achievements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates**  **From / To** | **Educational Institution** | **Conferring**  **Body** | **Course of Study** | **Qualification Achieved /** | **Grades Achieved /** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### Detailed Career History – listing the most recent first

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From (00/00/**  **0000)** | **To**  **(00/00/**  **0000)** | **Employer** | **Title of Post** | **Main Roles and Responsibilities** |
| **01/02/2018** | **06/06/2023** | **Staff Nurse** | **Staff Nurse Grade 2** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# SECTION B

**Supplementary Questions**

**In the spaces below, briefly describe what you consider to be a good example of demonstrating your ability in each of the skill areas 1-3. A summary definition of each of the skill areas is proved for your information. This is a summary of what we mean by each skill heading. Please provide the information in the format requested (a), (b), and (c) on the “Information on completing the Competency Questions” appendix. Remember anything you say may be used as part of a shortlisting/ranking exercise and may be discussed in more depth at interview, should you be call to one. All questions 1 - 4 must be completed.**

|  |  |  |
| --- | --- | --- |
| **1. Planning and Organising Skills**  It is important that the Staff Nurse has the ability to plan and organise resources efficiently and effectively within specified timeframes. S/he co-ordinates and schedules activities, managing unexpected scenarios when they arise. S/he is flexible in approach to his / her workload and is open to change. *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* | | |
|  | | |
| **2. Building & Maintaining Relationships**  It is important that a Staff Nurse demonstrate good interpersonal skills and the ability to build and maintain relationships. S/he will have the ability to work independently as well as part of a wider healthcare team and display a supportive work style including strong empathy with service users / others. *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* | | |
| *I always have a good nature of building a positive interpersonal relationships and interactive sessions with my patients as well as colleagues. I talk with my patients regarding their disease condition or a talk of their choice during my free time.* | | |
| **3. Commitment to Providing a Quality Service**  An effective Staff Nurse will demonstrate a commitment to providing a quality service. S/he is innovative and open to change in striving to ensure high standards in service delivery. S/he ensures that all service users are treated with dignity and respect and makes certain that the welfare of the service user is a key consideration at all times. S/he monitors and reviews his/ her own work. *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* | | | |
|  | | | |
| **4. Experience Relevant to Specialty Area Choice.**  Please provide below SPECIFIC DETAILS to demonstrate your experience in providing nursing care relevant to the Specialty Area(s) below. Please note that the information supplied here will be used to determine your eligibility for the role. It may also be used should a short listing exercise occur. | | | |
| * At interview all candidates will automatically be assessed in the area of Medical/ Surgical. You do not need to provide evidence of your relevant experience to Medical/Surgical below. * If you wish to work in Medical/ Surgical ONLY you do not have to choose other specialty areas or complete the area below. * You may choose other specialty areas in which you have a genuine interest/ experience in working in. You may choose multiple Specialty areas and you must provide evidence of your relevant experience in each individual area you choose. * If you have chosen more than one Specialty Area, please provide specific details for that care area on the next page and so-forth. | | | |
| **Date(s) from** | |  | **Employer(s) & Department Name** |
| **Date(s) to** | |  |
| 1. **Demonstrate your experience in Specialty Area chosen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

|  |  |  |
| --- | --- | --- |
| **Date(s) from** |  | **Employer(s) & Department Name** |
| **Date(s) to** |  |
| **Demonstrate your experience in Specialty Area chosen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

**General Declaration**

It is important that you read this Declaration carefully and then sign it in the space below.

**Part 1:** Obligations Placed on Candidates who participate in The Recruitment Process.

The Public Services Management (Recruitment and Selection) Act 2004 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
* personate 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 Services Management (Recruitment and Selection) Act 2004:

* 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.”

Failure to sign application will render it invalid[[1]](#footnote-1).

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name of Applicant)*

### References:

Please give three referees (including your current employer). 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:** | |  | |
| Professional Relationship to candidate: | |  | |
| Postal Address: | |  | |
|  | |
|  | |
| Telephone Contact Details: | | Mobile: | Landline: |
|  | | | |
| Email Address: |  | | |

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

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

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

|  |  |  |
| --- | --- | --- |
| **3. Name and Job Title of Referee:** |  | |
| Professional Relationship to candidate: |  | |
| Postal Address: |  | |
|  | |
|  | |
| Telephone Contact Details: | Mobile: | Landline: |
|  | | |
| Email Address: |  | |

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

**Equality Monitoring Form**

Candidates please note, this data is for administrative records only, and **does not** form part of the information submitted to the interview board, or any portion of the appointments process.

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name: | Tenzin Tsomo | Date of Birth | 30/08/1994 |

|  |  |
| --- | --- |
| Nationality | Indian |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender Male: |  | Female | Female |

1. 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. [↑](#footnote-ref-1)