**All sections to be completed in full**

|  |
| --- |
| APPLICATION FORM **Health Care Assistant**  **University Hospital Waterford**  **25KROHSP2203** |

* 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 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 **2 p.m.** on **02.04.2025** the 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** | **02.04.2025 at 2pm**  *Applications after this date & time will not be accpeted* |
| **Return application forms by email to** | E-mail: [uhwrecruitment@hse.ie](mailto:uhwrecruitment@hse.ie)  Post: Recruitment, HR Department, University Hospital Waterford, Dunmore Road, Waterford |
| **Anticipated Interview Date(s)** | **To be confirmed** |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Health Care Assistant** |
| Campaign Reference No.: | **25KROHSP2203** |
| **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.*

1. **Superannuation Schemes**

Please indicate in the table below if you are currently in receipt of a Voluntary Early Retirement or Ill Health Early Retirement Pension from any of the Public Health Superannuation Schemes or any other Public Sector Superannuation Scheme listed at 1-5 below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
|  | Local Government Superannuation Scheme (LGSS) |  |  |
|  | Health Service Executive Employee Superannuation Scheme |  |  |
|  | Voluntary Hospital’s Superannuation Scheme (VHSS) |  |  |
|  | Nominated Health Agencies Superannuation Scheme (NHASS) |  |  |
|  | Other Public Service Superannuation Scheme  If yes, please provide further details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

If you have answered ‘yes’ in relation to being in receipt of a Voluntary Early Retirement or Ill Health Early Retirement pension from any of the above Superannuation Schemes please refer to 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** |
|  |  |

* **I am currently in HSE through Agency**

**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:

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

* **I have a permanent contract**

**or**

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

* **I have a temporary contract**

**or**

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

* **I have an agency 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**

**In this area of the application form we ask you to please outline your qualifications and professional experience.**

**We will then examine how your particular experience and qualifications meet any specific criteria for the post of Health Care Assistant. Educational eligibility will be decided based on the information provided here. Please note if you omit information in this section pertinent to the eligibility criteria you may be deemed ineligible and subsequently not called to interview**

***(Please read “Guidelines for completing application form” – Page 3 before completing this section)***

**Please details all information which applies to your individual educational qualification(s) in the space provided below.**

|  |  |  |
| --- | --- | --- |
| **Educational Achievement** | **Please Tick as Appropriate** | **Date of Award**  **00/00/0000** |
| **I currently hold one of the below relevant health skills QQI (formerly FETAC) Level 5 qualification:** |  |  |
| 1. QQI Level 5 Healthcare Support |  |  |
| 1. QQI Level 5 Nursing Studies |  |  |
| 1. QQI Level 5 Community Care |  |  |
| 1. QQI Level 5 Health Service Skills |  |  |
| 1. QQI Level 5 Community Health Services |  |  |

**Or**

|  |  |  |
| --- | --- | --- |
| **Educational Achievement** | **Name of Course** | **Date of Award**  **00/00/0000** |
| **I currently hold an equivalent relevant health care qualification or a comparable healthcare qualification as outlined in the Quality and Qualifications Ireland (QQI) NARIC Ireland framework.** |  |  |

**IMPORTANT: Please note if you have a qualification in Healthcare Support at QQI (formerly FETAC) Level 5 or equivalent (*see eligibility criteria on the Job Specification*), you must attach a copy of your final award and course modules, with your application form.**

**If you do not attach a copy of your final award and course modules, your application form will not be processed further for this campaign.**

**Or**

**(Please tick appropriate box)**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **I am currently employed as a Health Care Assistant or a comparable role** |  |  |

**You will be asked to provide further information, in relation to the above, in the Detailed Career History section on Page 7 of this application form**

**EDUCATIONAL ACHIEVEMENTS**

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

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

**POST SPECIFIC REQUIREMENT**

|  |  |
| --- | --- |
| **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 under Post Specific Requirements. 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 previous Health Care Assistant experience in a Health Care setting:** | |

### 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: | |

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

### Competency Questions 1-3

**A guide to completing competency questions is available in Appendix 1 of this application form. It is strongly recommended that you read the guide before completing this section of your application form.**

**In the spaces below, briefly describe what you consider to be a good example of demonstrating your ability in each of the skill areas. A summary definition of each skill area is provided for your information. This is a summary of what we mean by each skill heading. Please provide the information in the format requested at (a), (b), and (c) in Appendix 1. 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 called to one.**

|  |
| --- |
| 1. **Planning and Organising Skills**  The effective Health Care Assistant demonstrates evidence of effective planning and organising skills and demonstrates a flexible approach to work. S/he demonstrates ability to work on own initiative. S/he demonstrates good organisational ability with practical competence..  *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |

|  |
| --- |
| 2. **Teamwork**  The effective Health Care Assistant demonstrates ability to work as a member of team and make positive contributions to that team/ S/he demonstrates an understanding of one’s own role and the roles of others within the team/ S/he demonstrates respect for other team members and a willingness to participate in change initiatives. S/he understands the need to be flexible and actively adapt within ones’ own role.  *In the space below, please give an example of a situation where you best demonstrated your ability in this area* |
|  |

|  |
| --- |
| 3. **Patient/Customer Focus**  The effective Health Care Assistant demonstrates the ability to work in a patient/customer focused environment/ S/he demonstrates evidence of ability to empathise with and treat patients, babies, relatives and colleagues with dignity and respect. S/he demonstrates an understanding of the diversity and cultural and ethnic needs of the service users.  *In the space below, please give an example of a situation where you demonstrated your ability in this area.* |
|  |

**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
* 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 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Name of Applicant)* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. | | |

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)