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| |  | | --- | | **CONFINED CAMPAIGN****APPLICATION FORM**  **CNM2 (Grade code 2119) – Infection Prevention and Control**  **Grade for Grade Opportunity** |   Please carefully note the following instructions:   * Please ensure you complete this application form 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 ensure you use the correct email address, please note that all applicants receive a confirmation email upon submission of application email, if you do not receive a confirmation email, please contact [nashr@hse.ie](mailto:nashr@hse.ie) * Please ensure that your completed Application Form reaches this office no later than closing date outlined below. Applications received after this date and time will not be accepted. * 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 Role Description/ Job Specification which provides useful information about the requirements of this post. Please note that the Job Specification is not intended to be an exhaustive list of duties and responsibilities and may be reviewed to reflect the needs of the service. * Your current Manager will be contacted for reference purposes. All previous employers may be contacted for reference purposes. * The Health Service Executive is an Equal Opportunities Employer. * The Health Service Executive recognizes its responsibilities under the Data Protection Acts 2003 & 1988 and the Freedom of Information Acts 2003 & 1997.   ***Please return completed application form to:***   |  | | --- | | **E-mail:** [**nashr@hse.ie**](mailto:nashr@hse.ie) | | **Closing Date: No later than 3pm on Thursday 12th June 2025** |   **Personal Details:** |  |
|  |  |

Applicant Details:

|  |  |
| --- | --- |
| Position Applied for: |  |
| Personnel Number |  |
|  |  |
| First name : |  |
| Last Name: |  |
|  |  |
| Postal address for correspondence: |  |
|  |
|  |

|  |  |
| --- | --- |
| Mobile Telephone ***(*mandatory*)***: |  |
| Contact Telephone No. 2 |  |

|  |  |
| --- | --- |
| E-mail Address ***(mandatory)***:  (You may provide more than one) |  |

Registration

|  |  |
| --- | --- |
| Please provide current registration body | |
|  |  |
| Name of Registration Body currently registered with: |  |
|  |  |
| Registration/PIN Number: |  |
|  |  |
| Registration/PIN Expiry Date: |  |

***I confirm that I had read and understand the contents of the Job Specification including the Purpose of the Role, the Duties and Responsibilities, the Eligibility Criteria and the Terms and Conditions associated with the role:***

|  |  |
| --- | --- |
| PRINT NAME: |  |
|  |  |
| SIGNATURE: |  |
|  |  |
| DATE: |  |

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

1. **Professional Qualifications, Experience**
2. Eligible applicants will be those who on the closing date for the competition:
3. Are a registered nurse/midwife on the active Register of Nurses or Midwives held by An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) or be eligible to be so registered.

**AND**

1. Are registered in the General Division of the register of Nurses and Midwives in which the application is being made.

**AND**

1. Have commenced a post registration programme of study at Level 8 major academic or higher on the National Framework of Qualifications (NFQ), as verified by Quality and Qualifications Ireland (QQI) which is relevant to the specialist area of Infection Prevention and Control. (See Note 1\*).

**AND**

1. Have a minimum of 5 years post registration full time experience or an aggregate of 5 years’ full time experience in the division of the register in which the application is being made (taking into account (a) (ii) if relevant).

**AND**

1. Have a minimum of 2 years’ experience or an aggregate of 2 years full time experience in the area of infection prevention and control, which can include but is not limited to experience gained while working in areas such as medical care, surgical care, emergency care, wound management, infection surveillance, prevention and control of communicable disease/conditions, immunisation, quality and patient safety or training and education in relation to infection prevention and control in either acute and community settings.

**AND**

1. Demonstrate evidence of continuing professional development

**AND**

(b) Have the ability to practice safely and effectively fulfilling their professional responsibility within their scope of practice

1. **Annual Registration**
2. On appointment, practitioners must maintain live annual registration on the appropriate/relevant Division of the register of Nurses and Midwives maintained by the Nursing and Midwifery Board of Ireland [NMBI] (Bord Altranais agus Cnáimhseachais na hÉireann) for the role.

**AND**

1. Practitioners must confirm annual registration with the NMBI to the HSE by way of the annual Patient Safety Assurance Certificate (PSAC)

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| --- | --- | --- | --- | --- |
| **Do you meeting the criteria as outlined above?** | **YES** |  | **NO** |  |
| If yes, my current contractual status is | Permanent |  | Temporary |  |

|  |  |
| --- | --- |
| What is your current job title? |  |
| What is the name of your current employer (e.g Hospital / RHA) |  |
| Are you currently employed at CNM2 IPC level in the grade code 2119 (yes / no) |  |
| Date of your appointment to this grade |  |

**SKILLS & EXPERIENCE**

|  |
| --- |
| Please briefly outline in the space below your skills and experience as relevant to the role of the of CNM2 IPC – National Ambulance Service |
|  |

**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 Service Management (Recruitment and Appointments) 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 Service Management (Recruitment and Appointments) 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 two 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:**

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)