



**GMS G.P– Urlingford, West Kilkenny**

**Ref: DSE1162026**

**Closing Date: Tuesday 13<sup>th</sup> October 2026 no later than 12pm**

**Application Form**

**GMS Vacancy**

**Please read explanatory notes at end of application form before completing**

Application Form for a GMS Panel Vacancy Recruitment Campaign. Doctors seeking to enter into a Contract for Service with the HSE for the provision of General Medical Services under the Health Act 1970 (as amended), pursuant to the Health (Provision of General Practitioner Services) Act 2012 and/or provision of services to children aged under 6 years, pursuant to the Health (General Practitioner Service Alteration of criteria for Eligibility) Act 2020.

Applicants should only use this form for the purpose stated. It is emphasised that the onus is on the applicant to provide such information, in documentary form or otherwise, as the Health Service Executive may need to satisfy itself that the applicant meets all the requirements involved.

1. Name in full: (Block Letters)

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2. Previous Surname(s) (if applicable) .....

3. Home address:

.....

.....

.....

EIRCODE:.....

4. Tel No: (Personal Mobile Number)

.....

5. Practice Address:

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.....

.....

EIRCODE:.....

6. Practice Details:

Tel No: (Work).....Fax No:(Work).....

Mobile Phone No: ..... E-mail

Healthmail (if applicable) .....

7. Do you hold a current driving licence? (please tick) Yes ☐ No ☐

Date of Birth DD/M/YYYY: ...../...../.....

**8. Academic, Professional and Other Related Qualifications:**

Provide full details (including dates) in respect of all education undertaken and qualifications attained whether of a full or part-time nature and identify the conferring body.

**8.1 Professional and Vocational Training:**

Provide full details (including dates) of all professional and vocational training received with appropriate dates.

| Details of Professional and Vocational Training: | Dates From:<br>MM/YY | Dates to:<br>MM/YY | Grade<br>Achieved: | Name of<br>Conferring<br>Body: |
|--------------------------------------------------|----------------------|--------------------|--------------------|--------------------------------|
|                                                  |                      |                    |                    |                                |
|                                                  |                      |                    |                    |                                |
|                                                  |                      |                    |                    |                                |
|                                                  |                      |                    |                    |                                |

## 8.2 Details of Additional Training

Please include all additional training undertaken.

| Details of Training                                                                                                          | Tick as relevant         | Dates From: MM/YY | Dates to: MM/YY | Grade Achieved: | Name of Conferring Body: | Full Time or Part Time Course |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|-----------------|-----------------|--------------------------|-------------------------------|
| Membership of the Irish College of General Practitioners (MICGP) or other recognised Colleges of General Practice equivalent | <input type="checkbox"/> |                   |                 |                 |                          |                               |
| MD Thesis (General Practice Based)                                                                                           | <input type="checkbox"/> |                   |                 |                 |                          |                               |
| Additional Higher qualifications in General Practice e.g. FRCGP by assessment                                                | <input type="checkbox"/> |                   |                 |                 |                          |                               |
| MRCPI or other recognised membership qualification relevant to General Practice e.g. MRCP, MRC Psych, FRSCl                  | <input type="checkbox"/> |                   |                 |                 |                          |                               |
| Masters in Medical Science in General Practice                                                                               | <input type="checkbox"/> |                   |                 |                 |                          |                               |
| Diplomas (DCH, DRCOG, DFP or other recognised diplomas)                                                                      | <input type="checkbox"/> |                   |                 |                 |                          |                               |
| Others as applicable (Please specify)                                                                                        | <input type="checkbox"/> |                   |                 |                 |                          |                               |

### 8.3 Involvement in Published Research

Please provide details of your involvement in Published Research relevant to General Practice as well as **documentary evidence** of each research item listed below. Please provide details in relation to any/ all published research

| Published Research                                                                   | Dates from: MM/YY | Dates to: MM/YY | Research Supervisor and authors | Title of Research | WebLink to research |
|--------------------------------------------------------------------------------------|-------------------|-----------------|---------------------------------|-------------------|---------------------|
| Published research relevant to General Practice or relevant to the specific practice |                   |                 |                                 |                   |                     |
| Other Published work                                                                 |                   |                 |                                 |                   |                     |

Experience:

### 9 General Practice Experience:

| Dates from: MM/YY | Dates to: MM/YY | Location | Full Time or Part Time (please specify) | Average Number of sessions per week | Please advise if your experience was at Principal, Locum , Assistant Level or Teaching |
|-------------------|-----------------|----------|-----------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------|
|                   |                 |          |                                         |                                     |                                                                                        |
|                   |                 |          |                                         |                                     |                                                                                        |
|                   |                 |          |                                         |                                     |                                                                                        |

## 10 Hospital Experience:

| Dates from:<br>MM/YY | Dates to:<br>MM/YY | Location | Please outline<br>Area of<br>speciality | Please outline<br>Rotation duration |
|----------------------|--------------------|----------|-----------------------------------------|-------------------------------------|
|                      |                    |          |                                         |                                     |
|                      |                    |          |                                         |                                     |
|                      |                    |          |                                         |                                     |
|                      |                    |          |                                         |                                     |

## 11. Irish Medical Registration

**11.1** Date of first Registration with the Irish Medical Council: .....

**11.2** Irish Medical Council Registration Number: .....

**11.3** Date of Registration with the Irish Medical Council **on Specialist Division** of the Register for General Practice (General Practice (SDR) Register) DD/MM/YYYY  
...../...../.....

**11.4** Irish Medical Council Specialist Division of the Register for General Practice — (General Practice (SDR) Register Number) .....

**Please Enclose current copy of Irish Medical Council Specialist Division of the Register for General Practice — (General Practice (SDR) Register) certificate**

## 12. Other Requirements and Provisions:

Please confirm Current Medical Indemnity Insurance cover for Full time practice

(Please tick) Yes ☐ No ☐

**13. Referees:**

Please give contact details below of your three most recent employers (two of which must be of Medical background) from whom references may be obtained. (Please indicate if you do not wish us to contact your referees, without your consent).

|                                                                                  | Referee 1                | Referee 2                | Referee 3                |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Name</b>                                                                      |                          |                          |                          |
| <b>Address</b>                                                                   |                          |                          |                          |
| <b>Occupation</b>                                                                |                          |                          |                          |
| <b>Tel No</b>                                                                    |                          |                          |                          |
| <b>E-mail</b>                                                                    |                          |                          |                          |
| <b>Please tick-if you do not consent to contact your Referee without consent</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 14. English Language Requirements:

The HSE requires that with effect the 1<sup>st</sup> July 2015 all applicants applying for General Practitioner Contracts must at the time of application be able to demonstrate their English language competency either by means of submitting the required IELTS Certificate/OET Certificate / University of Cambridge Certificate in Advanced English documentation or by declaring themselves exempt under one of the parameters outlined below and providing the required documentary evidence of same.

- IELTS (International English Language Testing System Academic Test) Certificate demonstrating a minimum score of 7.0 in each of the four domains - reading, writing, listening and speaking - on the academic text. The test must be undertaken no more than two years prior to the date of it being submitted. Whilst you may sit the above test as often as you like, the above scores must have been achieved at only one sitting of the IELTS test. Results from more than one test sitting cannot be amalgamated. Any cost incurred in relation to the IELTS exam will be borne by the applicant. Information on IELTS is available at [www.ielts.org](http://www.ielts.org):

OR

- OET (Occupational English Test) Certificate demonstrating a minimum Grade B in each of the four domains - reading, writing, listening and speaking - on the academic text. The test must be undertaken no more than two years prior to the date of it being submitted. Whilst you may sit the above test as often as you like, the above scores must have been achieved at only one sitting of the OET test. Results from more than one test sitting cannot be amalgamated. Any cost incurred in relation to the OET exam will be borne by the applicant.

OR

- University of Cambridge, ESOL Examinations - Certificate in Advanced English (CAE) demonstrating a minimum overall score of 67/100 and demonstrating an achievement of at least a "Good" level in all five skill areas - reading, writing, listening, speaking and use of English - in your Statement of Results. The exam must be undertaken no more than two years prior to the date of it being submitted to the relevant training body. Whilst you may sit the above exam as often as you like, the above scores must have been achieved at only one sitting. Results from more than one exam sitting cannot be amalgamated. Any cost incurred in relation to this exam will be borne by the applicant. Information on this exam is available at [www.cambridgeesol.org](http://www.cambridgeesol.org).

An exemption from the above is available to the following cohort of applicants:

1. Applicants who completed, in its entirety, their medical degree (through English) in the following countries — Australia, Canada, New Zealand, Republic of Ireland, United Kingdom and United States - and who provide documentary evidence of same

OR

2. Applicants who were registered with the Medical Council in Ireland prior to 9<sup>th</sup> July 2012 and provide documentary evidence of same.

**15. Work Permit / Visa Status / GP Residency:**

**Please provide:**

1. Proof of EEA/non-EEA status (bio page of passport)
2. Copy of Passport page that indicates work status
3. Further requirements regarding visa/work permit status for non-EEA applicants

## 16. Centre of Practice

Please give details of centre of practice from which it is proposed to provide services.

If you practice from more than one centre of practice in the same geographic area, please give details overleaf in Section 17. Please note that doctors admitted to the scheme under these arrangements will ordinarily be required to work from a single designated centre of practice, except with the prior approval of the Health Service Executive.

Examination of premises from which services are to be provided:

The Health Service Executive may undertake such examination as it deems necessary in order to establish that the premises from which the applicant proposes to provide medical services are appropriate and proper for that purpose and the making of this application by the applicant so authorises that examination.

## 17. Outline Proposed Practice Premise Details

[illegible]

## 18. Out-of-Hours / Rota Arrangements

Please provide Details of proposed arrangements to enable contact by patients outside normal surgery hours in urgent cases.

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## **DECLARATION**

It is important that you read this declaration carefully.

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 the awarding of this contract to me. 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 contract 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 contract if I have omitted to furnish the Health Service Executive with any information relevant to my application or to my continued contract with the Health Service Executive or where I have made any false statement or misrepresentation relevant to this application or my continuing contract with the Health Service Executive.

I also accept absolutely that the provision of deliberately false or misleading information with this application may disqualify me automatically from the award of any HSE contract applied for.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Completed Application Form to be returned to: DSE Regional Recruitment Unit by email**  
[DSEcampaigns@hse.ie](mailto:DSEcampaigns@hse.ie)

|                                       |
|---------------------------------------|
| <b>APPLICANT CHECKLIST (Optional)</b> |
|---------------------------------------|

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<br>Email Address<br>Postal Address                                                                                                 | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| Current copy of Irish Medical Council Specialist Division of the Register for General Practice — (General Practice (SDR) Register) certificate is provided | <input type="checkbox"/>                                                         |
| Work Permit Documentation (if relevant to non-EEA applicants) is attached/ included with application.                                                      | <input type="checkbox"/>                                                         |
| Documentary evidence of your English Language proficiency in accordance with the contract specification ( if applicable)                                   | <input type="checkbox"/>                                                         |
| Documentary evidence of any published research involvement                                                                                                 | <input type="checkbox"/>                                                         |
| Documentary evidence of current medical indemnity insurance to cover full time practice                                                                    | <input type="checkbox"/>                                                         |
| Application is submitted by email by the closing date and time.                                                                                            | <input type="checkbox"/>                                                         |

## **Note on Arrangements for Applicants**

The entry provisions are subject to the normal rules of good character and suitable premises and do not restrict or affect other entry requirements.

### **Qualifications**

A registered medical practitioner whose name is included, on the Specialist Division of the Register of Medical Practitioners established under section 43(2)(b) of the Medical Practitioners Act 2007 qualifies to apply for a GMS contract.

### **Health**

A doctor must be free from any defect or disease which would render them unable to carry out the duties imposed on them under the terms of the GMS Scheme contract. In this regard, a certificate of medical fitness to practice may be required or the doctor may be required to undergo a medical examination.

### **Insurance**

A doctor to be awarded a contract under these arrangements shall produce evidence of being fully insured (9+ sessions per week) against claims arising from malpractice or negligence and shall so remain insured for the duration of their contract, and provide evidence of insurance to the HSE annually or as required.

### **Good Character**

A doctor seeking to be awarded a contract under these arrangements must be of good character. References and clearance from An Garda Síochána will be required. A doctor seeking to be awarded a contract under these arrangements will be required to provide Police Clearance for any addresses where they have resided outside of Ireland for a period of 6 months or more.

### **Age**

In line with the provisions set out above in relation to Retirement Provisions a doctor must be under the age of 72 years and any Contract provided under these provisions will cease as and from the date on which the doctor reaches that age.