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

 **APPLICATION FORM**

**NFMHSCSF1 Clinical Skills Facilitator - Clinical Nurse Manager II**

**National Forensic Mental Health Service**

* 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 on Friday 19th September 2025.** Applications will not be accepted after this date and time, no exceptions will be made.
* To ensure that you do not miss out on any email communication it is highly recommended that you check your spam and junk folder on a regular basis.
* 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 order to ensure that your email is not quarantined your email attachments should not exceed a 3mb limit. If you are required to submit supporting documentation with your application form which exceeds 3mb you must reduce the size of the documentation by compressing (zip) the documents.
* 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** | **12:00 noon on Friday 19th September 2025** |
| **Return application forms by email to** | Please return completed applications to recruitment.nfmhs@hse.ie using the subject line **NFMHSCSF1** **Clinical Skills Facilitator - Clinical Nurse Manager II****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 Skills Facilitator – (CNM II)** |
| Campaign Reference No.: | **NFMHSCSF1** |
| **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) |  |

**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.

Have you lived outside of the Republic of Ireland or Northern Ireland for 6 months or more from the date of your 16th birthday? Yes [ ]  No [ ]

Please note any candidate who is successful and offered a post, it will be mandatory to provide security clearance from each jurisdiction you have resided in. Please see Appendix 3 on the Additional Campaign Information for further information.

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. **Current Contractual Status**
2. **I am directly employed by the HSE, TUSLA, other statutory health agencies\*, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004**

**Yes** [ ]  **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** [ ]

1. **I am employed by a Recruitment Agency and am currently placed in the HSE, TUSLA, other statutory health agencies\*, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004**

**Yes** [ ]  **No** [ ]

**If you are employed by a Recruitment Agency and are currently placed in the HSE, TUSLA, please tick the HSE / TUSLA Area in which you work:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dublin Mid Leinster |  |  South |  |
| Dublin North East |  | West |  |

1. **I do not currently work in the HSE, TUSLA, other statutory health agencies\*, or a body which provides services on behalf of the HSE under Section 38 of the Health Act 2004**

**Yes** [ ]  **No** [ ]

\* A list of ‘other statutory health agencies’ can be found:

<https://www.gov.ie/en/organisation-information/9c9c03-bodies-under-the-aegis-of-the-department-of-health/?referrer=http://www.health.gov.ie/about-us/agencies-health-bodies/>

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

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.

1. **Registered in the Psychiatric Division of the Register of Nurses kept by An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing Midwifery Board Ireland) or entitled to be so registered**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration** | **Please tick as appropriate to your current Registration status** | **PIN Number** | **Date entered on the Register** **DD/MM/YY** |
| I am a fully qualified PsychiatricNurse with Active An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) registration |  |  |  |
| I am a fully qualified PsychiatricNurse registered with a European Authority other than An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland)  |  |  |  |
| I am a fully qualified PsychiatricNurse registered with a non-European Authority  |  |  |  |

Note: Seeking registration with An 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**

**Please indicate your 5 years post registration experience. Please note you must have achieved the 5 years (60 months) experience no later than closing date.** 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Cumulative Months** |  |  |  |

**And**

**The above experience must include 2 years in the speciality area of Mental Health / Psychiatric Nursing. Please note that you must have achieved the 2 years (24 months) experience no later than the closing date.** 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Cumulative Months** |  |  |  |

**And**

**Continuous 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** | **Name of Course / Training etc.** | **Award** | **Qualification Achieved** (if applicable) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **EDUCATIONAL ACHIEVEMENTS**

**Please list your second level and any (additional) third level educational achievements.**

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

### 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 of Career History- *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/ Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To(00/00/):** |
| **Main Roles & Responsibilities:** |

|  |
| --- |
| **Job Title:** **Grade/ Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To(00/00/) :** |
| **Main Roles & Responsibilities:** |

|  |
| --- |
| **Job Title:** **Grade/ Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To(00/00/) :** |
| **Main Roles & Responsibilities:** |

|  |
| --- |
| **Job Title:** **Grade/ Level *(if applicable):*** |
| **Employer(s) & Department Name:** |
| **From (00/00):** | **To(00/00/) :** |
| **Main Roles & Responsibilities:** |

**Competency Questions**

A guide to completing supplementary 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 1-3. 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) on the “Information on completing the Supplementary Questions” Section. 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. **Organisation and Management Skills**

It is important for the Clinical Skills Facilitator - CNM II to be able to plan and organize resources efficiently and effectively within a specified timeframe. S/he co-ordinates and schedules activities to ensure the smooth running of his / her area of responsibility and will effectively manage unexpected events. S/he is flexible and adaptable in approach to their workload.*In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |

|  |
| --- |
| 1. **Building & Maintaining Relationships**

The effective Clinical Skills Facilitator – CNM II will demonstrate good interpersonal skills and the ability to build and maintain relationships. S/he demonstrates the ability to work well as part of a wider team, being approachable, helpful and supportive. S/he uses diplomacy and tact in fraught situations and can diffuse tense situations comfortably.*In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |

|  |
| --- |
| 1. **Commitment to Providing a Quality Service**

An effective Clinical Skills Facilitator – C II demonstrates 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 the service user is a key consideration at all times. S/he monitors and reviews his/ her own work to ensure its quality and accuracy. S/he must also demonstrate a commitment to continuing professional development and facilitate the development of others by providing support such as mentoring and coaching. *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |

|  |
| --- |
| **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 / involvement in forensic clinical practice management, practice development, forensic mental health nursing education and quality improvement as relevant to the role. |

|  |  |
| --- | --- |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| Please demonstrate your depth and breadth of experience in teaching and assessing. |

**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: 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 NumberEmail AddressPostal 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. |

# Appendix 1

**COMPETENCY QUESTIONS**

**Information on completing the Supplementary Questions overleaf:**

In this following section, you are required to describe some of your personal achievements to date that demonstrate certain necessary skills and qualities required for the post. The skills and qualities are outlined in the Questions Areas 1 - 3 on the following pages.

All question areas must be completed and remember that you will be questioned on all areas at interview**.** The instructions below will help you to complete your answers, but you should also consider these instructions when you are preparing for interview.

For each **Question Area** **1-3** you are given a description of a skill or quality. You are then asked to describe a situation, from your own experience, which you think is the best example of what **YOU** have done which demonstrates this skill or quality. It is essential that you describe how **you** demonstrated the skill or quality in question.

The information you present here may form part of a ranking exercise process, and may also be used to help structure your interview, if you are invited to one. A ranking exercise may apply based on the information you provide in your application form. This means that a ranking board will “rank” applicants based on information put forward in the supplementary questions section of your application form. Interviews may be held on a phased basis, inviting applicants to interview based on the position held in the ranking exercise. A primary panel will be formed of candidates successful in the first phase of interviews. If subsequent interviews are held candidates successful at these interviews will be added to the end of the primary panel and will be listed with a lower order of merit.

Therefore, compose your replies carefully in this section and try to structure what you write so that you give specific information about what youhave done - for example, do not simply say that “X was successful”, describe exactly whatyou did and how you demonstrated the skill or quality in question.

**Do not exceed the space allowed in the boxes.** One of the key skills required is the ability to **write clearly and concisely and your written communication skills will be assessed against what you write on your application form**.

For each example please include the following:

**(a)** **the nature of the task, problem or objective;**

**(b) what you actually did and how you demonstrated the skill or quality (and, where appropriate, the date you demonstrated it);**

**(c) the outcome or result of the situation and your estimate of the proportion of credit you can claim for the outcome.**

Please do not use the same example to illustrate your answer to more than two skill areas.

Please note that, should you be called to interview, the board may look for **additional examples** of where you demonstrated the skills required for this post so you should think of a number of examples of where you demonstrated each of the skills.

• Give specific examples – most questions will ask you to describe an example of when you have demonstrated a skill: try to do this concisely but with enough detail so that the reader will be clear about what you actually did. This detail might include information about timescales, the number of people involved, budgets etc. It can help to use bullet points to that the sequence of events is clear to the reader.

• Give a range of examples – if possible, base your answers on different situations or challenges you faced rather than rely on just one experience. This helps the reader to evaluate how you tackle different challenges and not just your behaviour in a ‘one off’ situation.

• Be concrete rather than theoretical – a clear description of how you actually behaved in a particular situation (and why) is of much more use to the reader than a vague or general description of what you consider to be desirable attributes.