

Application Form – Temporary Consultant General Physician

**Closing Dates: 12:00 02/04/2025**

**Competition Ref NGH112025**

**Competition Details.**

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| **SECTION A – Personal Details *(as used on Medical Council Documents)***  **The completion of all fields in this section is mandatory.** | |
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| Surname: |  |
| First name: |  |
| Address for correspondence: |  |
| Home telephone number: |  |
| Work telephone number: |  |
| Mobile telephone number: |  |
| E-mail Address: |  |
| PPS Number: ( If issued in Ireland) |  |
| Do you require a work permit to work in Ireland? |  |
| Do you hold a Garda National Immigration Bureau card?  If yes please state the stamp number on your Garda National Immigration Bureau card and expiry date.  Please attach a copy of the GNIB Card or Visa/Permit | Yes  No  Garda National Immigration Bureau stamp number:  Expiry date of Garda National Immigration Bureau card: |
| Please state start and end date of permit/visa: | Start:       End: |

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| SECTION B – Irish Medical Council Registration | |
| **The completion of this section is mandatory.** | |
| Name in which you are registered |  |
| Irish Medical Council Registration or Reference Number: |  |
| Type of Registration: | Specialist Division:  Speciality |
| Expiry Date: *( if relevant)* |  |

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| SECTION C – Education | | |
| Medical School/University:  City/Country  Primary Medical Qualification:  Honours Degree: (Yes/No) | | Date of Graduation:  (only list exams passed) |
| **Higher Qualification/ Degree/Diploma Completed** | **Awarding Body** | **Date of Qualification (DD/MM/YY)** |
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| **Postgraduate Exams** | | |
| Exam Undertaken | Grade achieved | Date(DD/MM/YY) |
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| SECTION D – Employment History  * *Begin with your most recent or current appointment and then list all previous appointments* | | | | |
| Hospital *(If overseas please indicate country)* | Grade | Specialty | Dates:  **(From – To)** | **Months in post** |
| *Example: XXX Hospital*  *Town/city*  *Country* | *SHO* | *Medicine* | *01/01/04 –*  *30/06/04* | *6* |
| **Current or Most Recent Appointment:** | | | | |
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| **Previous Employment:** | | | | |
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| SECTION E - Experience relevant to the Role  *Please detail aspects of your career to date which you consider make you suitable for this post, giving examples of professional achievement, clinical experience and personal abilities. Please note that information may be used when short listing for interview.* |
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| **SECTION H – CV**  **Use the space below to attache your CV** |
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| SECTION I – References  * *We require names and contact details of* ***three referees*** *from recent clinical appointments* * *One reference must be from your current or most recent employer* * *Any offer of a post is subject to satisfactory references* | | | |
| Full Name | Job Title | Hospital and Address | Phone Number/  Email Address |
| **Referee from Current or Most Recent Employment:** | | | |
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| **Referees’ from Previous Employment (provide 2):** | | | |
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| **SECTION J – General Declaration** |
| It is important that you read this Declaration carefully and then sign:  Name:  Post applied for:  **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 clinical practice** or 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.”  **I hereby confirm that I am not subject to any investigation by a medical council or police in another jurisdiction.**  **I hereby confirm that I have not been subject to any investigation by a medical council or police in another jurisdiction.**  **Failure to sign application will render it invalid \***  SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |