***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**

**NRS14751 Psychologist Staff Grade**

**National Supplementary Recruitment Campaign**

* 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** onthe closing date**.** 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. In addition to reduce the possibility of emails from the NRS team being directed to spam we recommend that you add the HSE web domain to your WHITELIST. Pleases see the additional campaign information document for more information.
* 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 otherwise your email may not be received by the closing date of the campaign.**
* 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 noon on Wednesday 21st May 2025 |
| **Return application forms by email to** | [applyalliedhealth@hse.ie](mailto:applyalliedhealth@hse.ie), using the subject line NRS14751Psychologist Staff Grade  **Please note that you must submit your application form via email only.**  Email applications will receive a response within 2 working days, which will let you know that we received your email. **If you have not received an email response within 5 working days, we highly recommend that you contact the NRS via email to** [**applyalliedhealth@hse.ie**](mailto:applyalliedhealth@hse.ie) **to verify that your email has been received.** |
| **For queries on the Recruitment Process** | Please contact the NRS Help Desk on 0818 473677 (for candidates calling from outside Ireland +35341 6859506) or by email on [asknrs@hse.ie](mailto:asknrs@hse.ie)  For queries specifically relating to the role please contact the named person on the Informal Enquiries section on the Job Specification |
| **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: | **Psychologist Staff Grade** |
| Campaign Reference No.: | **NRS14751** |
| **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)**

|  |  |
| --- | --- |
| **Please select one of the following:** | **** |
| I am an EEA National |  |
| I am a British National |  |
| I am a Swiss National |  |
| I am a Non-EEA National |  |

**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 Career Hub |  |
| Notification from College |  |
| Websites |  |
| Other – please say which |  |

*+ More than one indication is allowed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a special need that might require you to be considered for an online interview? | Yes |  | No |  |
| Candidates who wish to be considered for an online interview must outline their request and application stage and provide documentation to support their request. Please refer to Appendix 6 of the Additional Campaign Information for further information on online interview requests and the required documentation that must be submitted. **NB Please note, that due to limited resources, we cannot guarantee that all requests for online interviews will be met.** We will prioritise applicants who have a medical need or those who would otherwise have to undergo an inordinately long journey as well as prohibitive costs to attend an interview in person. | | | | |

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/>

**GEOGRAPHIC CHOICE**

It is the intention of the National Recruitment Service to form panels in order of merit by Care Group, and that geographical choice will *not* play a part in panel formation. However, in the unlikely event that there is an overwhelming volume of eligible applicants we may be required to call applicants forward to the next stage of the process by geographic preference. Changes to geographic choices cannot be accepted after the closing date and time for the receipt of application forms.

You should make your choice based on where you would most like to work. Please choose **a single** geographic area from the choices listed below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please **tick a single geographic area** in which you would most like to work | | | | |
| Carlow/Kilkenny |  | Dublin South West |  |
| Tipperary South |  | Kildare/West Wicklow |  |
| Cavan/Monaghan |  | Galway |  |
| Cork North |  | Roscommon |  |
| Cork North Lee |  | Kerry |  |
| Cork South Lee |  | Louth |  |
| Cork West |  | Meath |  |
| Donegal |  | Mayo |  |
| Dublin North Central |  | Clare |  |
| Dublin North |  | Limerick |  |
| Dublin North West |  | Tipperary North / Limerick East |  |
| Dublin South City |  | Laois/Offaly |  |
| Dublin West |  | Longford/Westmeath |  |
| Dublin South |  | Sligo/Leitrim |  |
| Dublin South East |  | Waterford |  |
| Wicklow |  | Wexford |  |

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

**2025 postgraduate students due to qualify no later than 31st December 2025 are eligible to apply. See Appendix 1 of the Additional Campaign Information for more details.**

**Please indicate below how your qualifications and professional experience meet the eligibility criteria for the post of Psychologist Staff Grade by making the appropriate selections and giving additional information where requested. 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 read Appendix 1 of Additional Campaign Information before completing this section.) We strongly recommend that you download, save and read the Additional Campaign Information document before completing your application.**

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| **Category A:** | | | | | | | | |
| 1. If you are an applicant who qualified through the in-service route (“grandfathering”) prior to 25th October 2002 please complete this section. Applicants completing this section must have been employed in a post of Basic Grade Psychologist or above in the Irish Public Health Service to whom the qualification requirements for Psychologist – Community Care or Clinical in place at the 25th October, 2002 apply. | | | | | | | | |
| Year of Award (dd/mm/year) | | College / Educational Institution | | | Course Title | | | Award |
|  | |  | | |  | | |  |
| **Demonstrate experience as a Psychologist in Clinical Psychology or Community Care Areas or equivalent (if relevant)** | | | | | | | | |
| From Date (DD/MM/YEAR | To Date  (DD/MM/YEAR) | | Average Monthly Hours | Total Months | | Employer | Title of Post | |
|  |  | |  |  | |  |  | |
|  |  | |  |  | |  |  | |
| **Total Cumulative Months** | | | | | | |  | |

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| **Category B:** **If you are an applicant who is currently employed in a post of Basic Grade Psychologist in a named publically funded psychological service, please complete this section.** | | | | | | | | | | | | | | | | |
| * Please provide details below of your employment in a named publicly funded psychologist service (Please refer to Note 1 on page 4 of the Job Specification): | | | | | | | | | | | | | | | | |
| From Date (DD/MM/YEAR) | To Date  (DD/MM/YEAR) | | | | Average Monthly Hours | Total Months | | | Employer | | | | | Title of Post | | |
|  |  | | | |  |  | | |  | | | | |  | | |
|  |  | | | |  |  | | |  | | | | |  | | |
| 1. Please provide details below of your 1st or 2nd class honours degree or diploma (QQI Level 8 equivalent) from a recognised university where Psychology was taken as a major subject and honours obtained in the subject. | | | | | | | | | | | | | | | | |
| Year of Qualification (dd/mm/year) | | | | College / Educational Institution | | | | Course Title | | | | | | | Award i.e. 1:1, 2:1 | |
|  | | | |  | | | |  | | | | | | |  | |
| 1. I hold a recognised professional post-graduate qualification in the following Psychology discipline: | | | | | | | | | | | | | | | Please tick as appropriate | |
| Clinical Psychology | | | | | | | | | | | | | | |  | |
| Counselling Psychology | | | | | | | | | | | | | | |  | |
| Educational Psychology | | | | | | | | | | | | | | |  | |
| I gained this recognised professional post-graduate qualification from the following programme: | | | | | | | | | | | | | | | | |
| Year of Qualification (DD/MM/YEAR) | | | College / Educational Institute | | | | Course Title | | | | | Award | | | | |
|  | | |  | | | |  | | | | |  | | | | |
| For Professional Post Graduate Psychology Qualifications Awarded outside of the Republic of Ireland | | | | | | | | | | | | | | | | |
| If your professional psychology qualification was not awarded in the Republic of Ireland, have you received validation of your qualifications from the Department of Health (Ireland)? | | | | | | | | Yes | | | No | | | | | |
|  | | |  | | | | | |
| Under Directive 2005/36/EC my professional psychology qualification has been recognised by the Department of Health (Ireland) to be considered for employment in the Irish publically funded health sector for the following discipline of psychology – *tick as appropriate* | | | | | | | | | | | | | | | | |
| Clinical Psychology | |  | | | Counselling Psychology | | | | |  | | | Educational Psychology | | |  |
| Date of validation (dd/mm/year) | | | | | | | | | | | | |  | | | |

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| **Category C: If you are an applicant who does not meet Category A or Category B, please complete this section.** | | | | | | | | | | | | |
| 1. Please provide details below of your 1st or 2nd class honours degree or diploma (QQI Level 8 equivalent) from a recognised university where Psychology was taken as a major subject and honours obtained in the subject. | | | | | | | | | | | | |
| Year of Award | College / Educational Institution | | | Name of Course | | | | | | | Award i.e. 1:1, 2:1 | |
|  |  | | |  | | | | | | |  | |
| 1. I hold a recognised professional post-graduate qualification in the following Psychology discipline: | | | | | | | | | | | Please tick as appropriate | |
| Clinical Psychology | | | | | | | | | | |  | |
| Counselling Psychology | | | | | | | | | | |  | |
| Educational Psychology | | | | | | | | | | |  | |
| I gained this recognised professional post-graduate qualification from the following programme: | | | | | | | | | | | | |
| Year of Qualification (DD/MM/YEAR) | | | College / Educational Institute | | Course Title | | | Award | | | | |
|  | | |  | |  | | |  | | | | |
| For Professional Post Graduate Psychology Qualifications Awarded outside of the Republic of Ireland | | | | | | | | | | | | |
| If your professional psychology qualification was not awarded in the Republic of Ireland, have you received validation of your qualifications from the Department of Health (Ireland)? | | | | | | Yes | | | | No | | |
|  | | | |  | | |
| Under Directive 2005/36/EC my professional psychology qualification has been recognised by the Department of Health (Ireland) to be considered for employment in the Irish publicly funded health sector for the following discipline of psychology – *tick as appropriate* | | | | | | | | | | | | |
| Clinical Psychology |  | Counselling Psychology | | | | |  | | Educational Psychology | | |  |
| Date of validation (dd/mm/year) | | | | | | | | |  | | | |

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| **Guide for Category C applicants in completing the Supervised Placement(S) / Work Experience Section of the Application form. Please note, if you are currently completing your supervised placements you are required to submit a completed placement confirmation letter with your application.**  *(If you are a Category A or B candidate you are not required to complete this section of the form and can progress to the competency questions section)* |

**Category C Applicants with a professional Clinical or Counselling psychology qualification complete Section 1A**

In section 1A, you must demonstrate that you have acquired in appropriate health settings in each of the areas for which you are applying i.e. Disability (Child) and / or Child Psychology and / or Adult Psychology; at least 60 days or equivalent supervised clinical placements as part of the professional qualification or at least 60 days or equivalent post qualification supervised work experience as a psychologist or a combination of both. Combinations of supervised clinical placement experience as part of the qualification and post qualification supervised work experience within a single care group area to give a total of 60 days are not acceptable.

**Category C Applicants with a professional Educational psychology qualification complete Section 1B**

In section 1B, you must demonstratethat you have acquired in appropriate health settings in each of the areas that you are applying for i.e. Child Disability and / or Child Psychology; at least 60 days or equivalent in supervised clinical placements as part of the professional qualification orat least 60 days or equivalent post qualification supervised work experience as a psychologist or a combination of both. Combinations of supervised clinical placement experience as part of the qualification and post qualification supervised work experience within a single care group area to give a total of 60 days are not acceptable.

**All Category C Applicants:**

Whether you are completing section 1A or 1B you should ensure that your response demonstrates how you meet the entirety of this section of the eligibility criteria. This must include:

1. **Appropriate Health Setting**

An appropriate health setting is defined in this context to be a setting which facilitates placement/clinical experience / post qualification work experience to be gained where the trainees / students / Psychologist have the opportunity to be supervised by an appropriate supervisor who is working within the health setting. The placement / work experience should include opportunities to acquire skills in assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within a care group population e.g. Child (0-18) Adult, Disability (lifespan). Statutory / Public health service setting/s outside of the Irish State will be considered on a case by case basis.

1. **Appropriate Post Qualification Professional Work Experience:**

Sixty days or equivalent (60 days equates to 150 hours of supervised client contact) of clinical experience under the supervision of a more senior grade psychologist (relevant discipline of psychology applies).

1. **Supervised Placement:**

A common definition of supervised clinical placement was developed based on the diverse accreditation standards pertaining to each qualification. This is defined as a period of clinical time spent under the supervision of an appropriately qualified senior psychologist. The placement must provide the opportunity to work with a range of clinical problems in terms of complexity and severity.

To meet the eligibility criteria for psychology posts in the HSE all applicants must demonstrate that they have completed a placement of at least 60 days in a health setting supervised by a practitioner who fulfils PSI supervision accreditation criteria for the professional qualification in question. Counselling psychologists currently calculate placements using both days and hours. In their case, the 60 days in a health setting must comprise a minimum of 150 hours of direct client contact.

1. **Post-qualification:**

Post Qualification is defined as time in supervised professional practice after acquiring a professional qualification in clinical, counselling or educational psychology.

**Additional Campaign Information provides:**

1. An example of how you might best present this element of the application form is available in “Appendix 8”.
2. An illustrative list of health settings deemed appropriate for past Psychologist Staff and Senior Grade campaigns is included in “Appendix 7”. *The illustration is not a finite list, as it is limited to placements as part of a post graduate qualification or post qualification work experience of the applicant pool for that role and campaign. Having undertaken a placement or having worked in one of these settings does not automatically deem a candidate eligible. The placement or post qualification work experience must meet the entirety of the eligibility criteria which requires that the placement must provide: the opportunity to work directly with a range of clinical problems in terms of complexity and severity seen within a care group population e.g. Child (0-18), Adult (Lifespan), Disability (Lifespan), have the relevant supervision and meet the minimum time requirements)*

**Section 1A – Category C Applicants with a Counselling or Clinical Psychology Qualification**

Please note no changes can be accepted for your care area choice/s after the closing date and time for the submission of application forms i.e. Wednesday 21st May 2025 at 12 noon

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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Disability (Child & Adult) - Supervised Placement 1 or Post Qualification Work Experience 1**  **\***By filling in this section, you are selecting the care area “Disability (Child and Adult)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Disability (Child) population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Disability (Child & Adult) - Supervised Placement 2 or Post Qualification Work Experience 2**  **\***By filling in this section, you are selecting the care area “Disability (Child & Adult)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Disability (Child) population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Disability (Child and Adult) - Supervised Placement 3 or Post Qualification Work Experience 3**  **\***By filling in this section, you are selecting the care area “Disability (Child & Adult)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Disability (Child) population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Adult Psychology - Supervised Placement 1 or Post Qualification Work Experience 1**  \*By filling in this section, you are selecting the care area “Adult Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Adult Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Adult Psychology - Supervised Placement 2 or Post Qualification Work Experience 2**  \*By filling in this section, you are selecting the care area “Adult Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Adult Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Adult Psychology - Supervised Placement 3 or Post Qualification Work Experience 3**  \*By filling in this section, you are selecting the care area “Adult Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Adult Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Child Psychology - Supervised Placement 1 or Post Qualification Work Experience 1**  \*By filling in this section, you are selecting the care area “Child Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
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| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Child Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Child Psychology - Supervised Placement 2 or Post Qualification Work Experience 2**  \*By filling in this section, you are selecting the care area “Child Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
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| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Child Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Child Psychology - Supervised Placement 3 or Post Qualification Work Experience 3**  \*By filling in this section, you are selecting the care area “Child Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Child Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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**Section 1 B – Category C Applicants with an Educational Psychology Qualification**

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| Section 1 B – Applicants with an Educational psychology qualification  **Disability - Child - Supervised Placement 1 or Post Qualification Work Experience 1**  \*By filling in this section, you are selecting the care area “Disability (Child)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the (Educational) Disability - Child population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 B – Applicants with an Educational psychology qualification  **Disability - Child - Supervised Placement 2 or Post Qualification Work Experience 2**  \*By filling in this section, you are selecting the care area “Disability (Child)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the (Educational) Disability - Child population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 B – Applicants with an Educational psychology qualification  **Disability - Child - Supervised Placement 3 or Post Qualification Work Experience 3**  \*By filling in this section, you are selecting the care area “Disability (Child)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the (Educational) Disability - Child population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 B – Applicants with an Educational psychology qualification  **Child Psychology - Supervised Placement 1 or Post Qualification Work Experience 1**  \*By filling in this section, you are selecting the care area “Child Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Educational Child Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 B – Applicants with an Educational psychology qualification  **Child Psychology - Supervised Placement 2 or Post Qualification Work Experience 2**  \*By filling in this section, you are selecting the care area “Child Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Educational Child Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 B – Applicants with an Educational psychology qualification  **Child Psychology - Supervised Placement 3 or Post Qualification Work Experience 3**  \*By filling in this section, you are selecting the care area “Child Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
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| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Educational Child Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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**EDUCATIONAL ACHIEVEMENTS**

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

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

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| **From** | **To** | **Title** | **Employer** |
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**Detailed Career History - please begin by listing the most recent first.**

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

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

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

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

**Competency Relevant to Care Group Choice**

**Please refer to Appendix 1 of the Application form and read page 3 and 4 of the Additional Campaign Information before completing this section of the application form. Please note we cannot accept changes to Care group choice(s) after the closing date and time for receipt of applications.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Care Group Choice 1**  **In the area below you should provide SPECIFIC DETAILS to demonstrate your competency relevant to the Care Group chosen that you feel helps you meet the requirements for the role. Please note that the information supplied here will be taken into consideration should a shortlisting / ranking exercise occur for this campaign**  **Please tick the Care Group for which you are providing details. If you which to choose an additional Care Group, please provide specific details for your second Care Group choice on the next page** | | | |
| Disability Child |  | Disability Adult |  |
| Adult Psychology Service |  | Child Psychology Service |  |
| **Demonstrate your competency in the Care Group Area ticked above.** | | | |

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| **Care Group Choice 2**  **In the area below you should provide SPECIFIC DETAILS to demonstrate your competency relevant to the Care Group chosen that you feel helps you meet the requirements for the role. Please note that the information supplied here will be taken into consideration should a shortlisting / ranking exercise occur for this campaign**  **Please tick the Care Group for which you are providing details. If you which to choose an additional Care Group, please provide specific details for your third Care Group choice on the next page** | | | |
| Disability Child |  | Disability Adult |  |
| Adult Psychology Service |  | Child Psychology Service |  |
| **Demonstrate your competency in the Care Group Area ticked above.** | | | |

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| **Care Group Choice 3**  **In the area below you should provide SPECIFIC DETAILS to demonstrate your competency relevant to the Care Group chosen that you feel helps you meet the requirements for the role. Please note that the information supplied here will be taken into consideration should a shortlisting / ranking exercise occur for this campaign**  **Please tick the Care Group for which you are providing details. If you which to choose an additional Care Group, please provide specific details for your fourth Care Group choice on the next page** | | | |
| Disability Child |  | Disability Adult |  |
| Adult Psychology Service |  | Child Psychology Service |  |
| **Demonstrate your competency in the Care Group Area ticked above.** | | | |

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| **Care Group Choice 4**  **In the area below you should provide SPECIFIC DETAILS to demonstrate your competency relevant to the Care Group chosen that you feel helps you meet the requirements for the role. Please note that the information supplied here will be taken into consideration should a shortlisting / ranking exercise occur for this campaign**  **Please tick the Care Group for which you are providing details.** | | | |
| Disability Child |  | Disability Adult |  |
| Adult Psychology Service |  | Child Psychology Service |  |
| **Demonstrate your competency in the Care Group Area ticked above.** | | | |

### Data Privacy Statement

The National Recruitment Service is committed to protecting your privacy and takes the security of your information very seriously. The National Recruitment Service (NRS) aims to be clear and transparent about the information we collect about you and how we use that information.

* Information on the HSE NRS Candidate Data Privacy , is available at : [HSE NRS Candidate Privacy Statement](https://www.hse.ie/eng/staff/jobs/recruitment-process/candidate-privacy-notices-for-candidates-in-recruitment-process.html)
* Information on the General Data Protection Regulation is available at [HSE General Data Protection Regulation](https://www.hse.ie/eng/gdpr)
* Information on HSE record retention periods is available at <https://assets.hse.ie/media/documents/ncr/HSE_Record_Retention_Policy_V1_101123.pdf>

I acknowledge that by submitting this application The HSE will communicate with me by various means (such as phone , email , SMS, post mail ) regarding my application during the recruitment process and for the lifecycle of any panel (should I be successful in obtaining a place on the panel).

I understand that if at any point I wish to stop receiving communications( in any format) from the HSE regarding this application and any future generated panel as a result of this campaign that I may contact the HSE (through the nominated contact on the Additional Campaign Information) and explicitly request to be removed from future communications. In doing so I understand that I will no longer receive any communications or Expression of interests for roles from the panel generated from this campaign.

**Protected Disclosure**

Pursuant to the Protected Disclosures Act 2014, as amended, a person that acquires information on a relevant wrongdoing during a recruitment process is a ‘worker’ and can make a protected disclosure about the wrongdoing. For more information about making a protected disclosure to the HSE, please visit <https://www.hse.ie/eng/about/who/protected-disclosures/> or email [protected.disclosures@hse.ie](mailto:protected.disclosures@hse.ie)

**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:**

**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 you have fully completed the Qualification/ Eligibility Criteria section and the information you have provided clearly shows how your qualifications/ experience match the requirements. Dates should be clearly indicated i.e. DD/MM/YY, qualification titles etc. |  |
| That you have completed a separate competency question for each of your care group choices |  |
| If you are a Category C Applicant, that you have fully completed the work experience / placement section of the application form |  |
| 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. |  |
| If you are currently completing your supervised placements, that you have completed and attached your placement confirmation letter |  |
| That you have downloaded and saved the Job Specification and Additional Campaign Information for future reference. |  |

**APPENDIX 1 – GUIDE TO COMPLETING COMPETENCY QUESTIONS**

In the Competency Questions section, you are required to provide specific details to demonstrate your competency in the care group chosen. You must complete a separate competency question for each care group you wish to apply for.

It is important that in your response you outline the competencies you have developed through your supervised work experience with this Care Group. Identify where this experience was gained and the duration of this experience. In your response, describe the competencies you have developed and demonstrated through your experience with assessment and intervention with this Care Group. Your description of your professional/clinical competencies should show your ability to carry a clinical case load within the care group.

It should show your competency in providing psychological assessments to the client group based upon the appropriate use, interpretation, and integration of data from a variety of sources and implement plans for a therapeutic intervention. Your ability to formulate and implement plans for psychological therapeutic interventions or management based on an appropriate conceptual framework. In addition, your ability to provide professional reports relevant to this care group in accordance with professional standards and your competency of working as part of a multi-disciplinary team to deliver assessments and interventions within this Care Group.

The information you present will be used to determine your eligibility and may also form part of a ranking exercise process if it is applied. This means that a ranking board will ‘rank’ applicants based on information put forward in your Application Form. Interviews may be held on a phased basis, inviting applicants to interview based on the position held in the ranking exercise

Therefore, it is important to compose your replies carefully in this section and to structure your answer so that you give specific information about what **you** have done, clearly demonstrating your competency in the care group chosen.

The people doing the screening **will not** assume that you have the required competency just because of your current role, length of experience or educational qualifications. These do not give enough evidence of your competency or ability to carry a caseload within the care group. Applicants must provide detailed and specific information which clearly demonstrates their competence in order to be deemed eligible for that care group.

**Some guidelines for presenting yourself well:**

1. **Give specific information**: you are being asked to demonstrate your competency in the care group chosen: 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, client caseloads, information on the health setting, clinical interventions used etc.
2. **Give a range of examples**: if possible, provide a variety of information to demonstrate your competence rather than relying on just one experience. This helps the reader to evaluate your overall competence and not just your behaviour in a ‘one off’ situation.
3. **Be concrete rather than theoretical:** a clear description of **your competence** is of much more use to the reader than a vague or general description of what you consider to be desirable attributes.

**COMPETENCY QUESTION EXAMPLES**

**Please find below two separate examples of how to approach the competency question of the application form. This information should be used as a guide to assist applicants in completing this section of the application form.**

**Example 1:**

**In the area below you should provide SPECIFIC DETAILS to demonstrate your competency relevant to the Care Group chosen that you feel helps you meet the requirements for the role.**

**Care Group Chosen: Child Disability**

*I have worked for the last two years on a local School Age disability team and have worked with approximately 120 cases. This has been my first job since qualification. In addition to this experience, I also completed a placement in Early Intervention and had the opportunity to do some observation with a School Age team during my professional training in Educational Psychology. Since qualification, I have worked alongside Speech & Language, Occupational Therapists and Social Work colleagues in delivering a family centred approach to children and families. I have also had the opportunity to complete specific training relating to my role using the Autism Diagnostic Interview-Revised (ADI-R) and the Diagnostic Interview for Social and Communication Disorders (DISCO). The children I work with present with intellectual disability ASD, physical, emotional, and sensory related disabilities. My work has involved assessments, direct intervention, and indirect work through working with the family, the school and other professionals. I have been involved in the Assessment of Need process, which up to recently required a complete diagnostic work up. I have regular supervision of all my clinical work with a senior Psychologist. With my experience within this service and the knowledge I have gained through continuous professional development and supervision, I have the competence to work in this Care Group area.*

**Example 2**

**In the area below you should provide SPECIFIC DETAILS to demonstrate your competency relevant to the Care Group chosen that you feel helps you meet the requirements for the role.**

**Care Group Chosen: Adult Psychology**

*I have, over the past 12 months, worked in the area of Adult Psychology working with approximately 50 cases. I work as part of a secondary care Community multidisciplinary team providing a service to a geographical area with a catchment population of 50,000. My assessment and intervention work included working with a range of people presenting with depression, anxiety, trauma, and psychosis. The severity of the presenting problems are in the moderate to severe range for the most part. My assessment work included clinical interview, observations, and psychometric assessment.*

*I utilise evidence-based intervention to address the goals of therapy based on my formulations. Such interventions included Cognitive Behaviour Therapy, EMDR, and Cognitive Analytic Therapy. I have provided these interventions under the supervision of a senior psychologist within the service. I have also completed training post qualification and hold a Level 3 certificate in EMDR.*

*I continually quality assure my interventions by utilising pre and post therapy measures and this assists me in being confident of my interventions with this population.*

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| HSE 1email-signature-logo | An tSeirbhís Náisiúnta Earcaíochta  Seribhísí Gnó Roinnte  AD Náisiúnta  FSS  Áras Sláinte Chluainin  Chluainín Uí Ruairc  Co Liatroma  F91 AP57 | National Recruitment Service  HR Shared Services  National HR  HSE  Aras Sláinte Chluainin  Manorhamilton  Co Leitrim  F91 AP57 |

**NRS14751 Psychologist Staff Grade National Supplementary Recruitment Campaign**

**Supervised Placement Confirmation Letter**

For completion by placement supervisor for those candidates who are currently completing their placement. Completed forms must be submitted at application stage

**To: National Recruitment Service**

I wish to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has commenced their supervised placement.

|  |
| --- |
| Placement Location: |
| Date placement commenced: |
| Full expected duration of placement: |

I can confirm that the above placement will continue to full completion.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Placement Supervisor:**

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Phone |  |
| Work Address |  |