***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**

**NRS14804 Chiropodist (Podiatrist) Staff Grade**

**National 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 **12:00PM (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 or PDF 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** | *12:00PM (Noon)* **Thursday June 12th 2025** |
| **Return application forms by email to** | applyalliedhealth@hse.ie, using the subject line **NRS14804 Chiropodist (Podiatrist) 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**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.ieFor queries specifically relating to the role please contact the named person on the Informal Enquiries section on the Job Specification  |
| **Anticipated Interview Date(s)** | WC Monday 14th July 2025 Please note these dates are provisional and are subject to change |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Chiropodist (Podiatrist) Staff Grade** |
| Campaign Reference No.: | **NRS14804** |
| **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 | [ ]  |
| 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/>

**HEALTH REGION CHOICE**

It is the intention of the National Recruitment Service to form six separate panels as a result of this campaign for Podiatrist Staff Grade; one for each Health Region.

These panels will be used to fill current and future, permanent and specified purpose vacancies of full or part-time duration.

Candidates can choose a maximum of two Health Regions. Eligible applicants will be interviewed based on these choices and separate panels will be formed by Health Region in order of merit.

Please note we cannot accept changes to Health Region choice after the closing date and time for the receipt of applications, therefore, you should choose the Health Region in which you would most like to work.

Please indicate your Health Region choices from the options listed below. Candidates can choose a **maximum of two** Health Regions. If you do not specify at least one area you will not be called forward to interview.

|  |  |
| --- | --- |
| **Geographical Area** | **Please tick as appropriate** |
| **Area A - HSE Dublin and North East**- North Dublin, Meath, Louth, Cavan\*\*, and Monaghan |  |
| **Area B - HSE Dublin and Midlands**- Longford, Westmeath, Offaly, Laois, Kildare, and parts of Dublin South and Wicklow\* |  |
| **Area C - HSE Dublin and South East**- Tipperary South, Waterford, Kilkenny, Carlow, Wexford, Wicklow, part of South Dublin |  |
| **Area D - HSE South West**- Kerry and Cork |  |
| **Area E - HSE Mid-West**- Limerick, Tipperary and Clare |  |
| **Area F - HSE West and North West**- Donegal, Sligo, Leitrim\*\*, Roscommon, Mayo, and Galway |  |

*West county Wicklow: West county Wicklow continues to be aligned with Kildare for health services*

*\*\*West county Cavan: A small portion of west county Cavan continues to be aligned with Sligo/Leitrim for health services*

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

***We welcome applications from 2025 Undergraduate students due to qualify no later than 31 December 2025.***

***Please refer to Page 1 of Additional Campaign Information for further information.***

Please indicate below how your qualifications and professional experience meet the eligibility criteria for the post of Chiropodist (Podiatrist) Staff Grade. 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.

**Q 1. I gained/will gain my Podiatry qualification from the college / university ticked below:**

* Graduates/undergraduates of accredited Podiatry courses in the Republic of Ireland please complete Section A
* Holders/undergraduates of a Podiatry qualification awarded elsewhere please complete Section B

|  |  |
| --- | --- |
| **Section A:****Graduates/undergraduates of accredited Podiatry courses in the Republic of Ireland** | **Please tick as applicable to you** |
| B.Sc. (Hons) Podiatric Medicine at level 8 from the National University of Ireland |  |
| B.Sc. (Hons) in Podiatry at level 8 from the National University of Ireland |  |

|  |  |
| --- | --- |
| **Section B:****Holders/undergraduates of a Podiatry Qualification Awarded Overseas** | **Please tick as applicable to you** |
| A university / college in the United Kingdom |  |
| A university / college in Northern Ireland |  |
| A university / college elsewhere |  |
| **Name of university / college:** |

|  |
| --- |
| **If your educational award has not been obtained in the Republic of Ireland, have you received recognition of your qualification from the CORU?** **(As this process takes a period of time we strongly recommend that you commence the recognition process now. Please refer to Appendix 1 of Additional Campaign Information for further information).*****Please tick as appropriate:*** |
| **Yes** | **No** |

|  |  |
| --- | --- |
| **Q2A. Qualified Podiatrists, please enter the year in which your Podiatry qualification was awarded.** |  |
| **Q2B. 2025 Undergraduates, please enter the date you are due to receive your Podiatry qualification.**  |  |

**Q3. Please tick the statement which best matches your registration status with the Chiropodist (Podiatrist) Registration Board, Health & Social Care Professionals Council (CORU)**

|  |  |  |
| --- | --- | --- |
| **Registration** | **Please tick as appropriate**  | **Registration / Application Number**  |
| I am a fully qualified Podiatrist **registered** on the Podiatrist Register maintained by the Podiatrist Registration Board at the Health & Social Care Professionals Council (CORU).  |  |  |
| I am a fully qualified Podiatrist who has **applied** for registration on the Podiatrist Register maintained by the Podiatrist Registration Board at the Health & Social Care Professionals Council (CORU).\* |  |  |
| I am a fully qualified Podiatrist who has **not applied** for registration on the Podiatrist Register maintained by the Podiatrist Registration Board at the Health & Social Care Professionals Council (CORU).  |  | **N/A** |
| I am a Podiatrist undergraduate due to qualify in **2025** who has **not yet applied** for registration on the Podiatrist Register maintained by the Podiatrist Registration Board at the Health & Social Care Professionals Council (CORU).  |  | **N/A** |

*Please note seeking registration with CORU and maintaining annual registration is the responsibility of the applicant. More information on CORU registration is available in Appendix 1 of Additional Campaign Information.*

**EDUCATIONAL ACHIEVEMENTS**

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

**Please refer to the QQI website,** [**https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications**](https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications)**, to determine what level your qualification(s) is at on the National Framework of Qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates****From/To** | **Educational Institution** | **Conferring****Body** | **Course of Study** | **Qualification Level on the NFQ** *(Please insert n/a if not applicable to your Course of Study)* | **Qualification 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Experience Relevant To The Role**In this area we ask you to focus on your experience to date that is relevant to the role.  Please provide below specific details from your professional experience to date that you feel helps you meet the requirements for this post as detailed in the Job Specification.  **It is important that your answer to this question does not exceed 1 page.  The selection board will take your adherence to this limit into account when reviewing your application.** You may wish to write paragraphs or bullet points that demonstrate how your unique experience is relevant to the requirements of this role. **Information you provide in this section and in other areas of the application form may be used as part of a short listing exercise and may be discussed in more depth at interview, should you be called to one.***Please include dates, the name of your employer & department where you worked.* |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| 1. **Please demonstrate your depth and breadth of experience as relevant to the role. Please limit your answer in this section to 1 page.**
 |

### 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

**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 two referees (including your current employer). Please ensure that the referees you provide are from a clinical perspective -. We retain the right to contact all previous employers.

Do you wish us to contact you prior to contacting your referees? Yes [ ]  / No [ ]

**1. Name and Job Title of Referee:**

**Dates From-To (MM/YY- MM/YY):**

**Professional Relationship to Candidate:**

**Postal Address:**

**Telephone Contact Details:** Mobile: Landline:

**Email Address:**

**2. Name and Job Title of Referee:**

**Dates From-To (MM/YY- MM/YY):**

**Professional Relationship to Candidate:**

**Postal Address:**

**Telephone Contact Details:** Mobile: Landline:

**Email Address:**

### 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 you have indicated your Health Region choice(s) on Page 4 | [ ]  |
| 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. |