

**APPLICATION FORM**

**Grade VII Senior Executive Officer**

**Primary Care Reimbursement Service, Finglas, Dublin 11**

**(PCRS 07/2025 Senior Executive Officer, Grade VII)**

Please carefully note the following instructions:

* 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 sections 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.

* If you are submitting your application form via email we will accept the application form unsigned but you will be required to sign the General Declaration at interview should you be invited to one.
* Candidates should note that there can be a time delay in receiving email applications. We recommend that applicants wishing to return an application by email should allow a minimum of 1 hour for their application to arrive by **12.00 noon on** the closing date**.** Applications will not be accepted after this date and time, no exceptions will be made.
* It is preferable that Application Forms are typed.
* Applications must be submitted as a Microsoft Word or PDF document 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.
* Please ensure your application form is attached as an attachment to your email i.e. not a link to an online storage site e.g. Google Drive). **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.
* Should you be invited for interview, you may take a 'hard' copy (ie. paper copy) of your Application Form with you. Mobile devices are not permitted for use during your interview.
* 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** | **Friday 11th July 2025 at 12 Midday.** |
| **Return Application Forms To** | [PCRS.HRJobs@hse.ie](mailto:PCRS.HRJobs@hse.ie) using the subject line PCRS 07/2025 Grade VII Senior Executive Officer  **Please note that you must submit your application via email only** |
| **For queries on the Recruitment Process** | For queries specifically relating to the role please contact the named person in the Informal Enquiries section on the Job Specification. |
| **Anticipated Interview Date(s)** | Due to the urgent requirement of this post interviews will take place as soon as possible once the closing date has passed. This means that you may be called forward for interview at very short notice. |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Grade VII – Senior Executive Officer, Primary Care Reimbursement Service (PCRS**) |
| Campaign Reference No.: | **PCRS 07/2025** |
| **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 Citizen |  |
| I am a British Citizen |  |
| I am a Swiss Citizen |  |
| I am a Non-EEA Citizen |  |

If you are a non-EEA citizen, resident in the State, you must provide the requested documentation to support your application. Please see Appendix 2 of the Applicant Information Document for further information and for a definition of an EEA Citizen.

**Advertising data**

Please tell us where you saw the job advert. You can select as many options as needed.

Collecting this data helps us determine how effective our advertising strategy was for this campaign.

|  |  |
| --- | --- |
| HSE Website |  |
| Word of mouth – my manager/colleague |  |
| Notification from HSE Career Hub |  |
| Other – please detail: |  |

**Current contractual status**

Choose the statement that best matches your employment status:

1. I am currently a direct employee of 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
   1. I have a permanent contract

Or

* 1. I have a temporary contract

1. I currently work via a recruitment agency 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
2. 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

\* List of [‘other statutory health agencies’](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/)

**EDUCATIONAL ACHIEVEMENTS**

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

**Refer to the** [**QQI website**](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**

Outline your full career history below. For example, 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 the present date.

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Title** | **Employer** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Detailed Career History- please begin by listing the most recent first:**

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

|  |  |
| --- | --- |
| **Job Title:**  **Grade/ 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: | |

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

**ELIGIBILITY CRITERIA**

**This campaign is confined to staff who are currently 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 as per Workplace Relations Commission agreement -161867**

**In this area we ask you to focus on your experience to date that is relevant to the role of Grade VII Senior Executive Officer. Please indicate below how your professional experience meets the eligibility criteria for this post. This section will be assessed by a board of Senior Managers to consider your experience as it is relevant to the eligibility criteria. 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 provide clear, detailed answer(s) that demonstrate the depth and breadth of your experience in the area(s) below, reflective of the requirements of this post.**
* **Each section below must be completed. As you complete each section we recognise there will be an overlap in the employer and date periods.**
* **We would like to highlight to you that if you omit information in this section pertinent to the eligibility criteria your application will be deemed ineligible and you will subsequently not be called forward to interview.**

|  |
| --- |
| **1**. **Have satisfactory experience in an office under 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 at a level not lower than that of Grade IV (or equivalent)** |

Please detail below (in months) your experience to date that demonstrates your fulfilling of the above eligibility criteria. Please note that the information supplied here will be used to determine your eligibility for this campaign. If you work in a part-time capacity please list your monthly hours and total months of work as they are. Please do not make whole time equivalent calculations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From Date 00/00/00** | **To Date**  **00/00/00** | **Average Monthly Hours** | **Total Months** | **Employer** | **Title of Post\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Cumulative Months** | | |  | | |

**AND**

|  |
| --- |
| **2. Have not less than two years satisfactory experience either in that office or in an office at a level not lower than that of Clerical Officer 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** |

**Please detail below (in months) your experience to date that demonstrates your fulfilling of the above eligibility criteria. Please note that the information supplied here will be used to determine your eligibility for this campaign. If you work in a part-time capacity please list your monthly hours and total months of work as they are. Please do not make whole time equivalent calculations.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From Date 00/00/00** | **To Date**  **00/00/00** | **Average Monthly Hours** | **Total Months** | **Employer** | **Title of Post\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Cumulative Months** | | |  | | |

**POST SPECIFIC REQUIREMENTS**

**Please indicate below how your professional experience meets the post specific requirements for the post of Grade VII Senior Executive Officer, Primary Care Reimbursement Service (PCRS)**

**This section will be assessed by a board of Senior Managers to consider your experience as it is relevant to the post specific requirements.**

* **Please note that if you omit information in this section pertinent to the post specific requirements you may be deemed ineligible and subsequently not called forward to interview.**
* **Short listing may occur based on the information provided here and in the other areas of this application form.**
* **Please complete each section below. As you complete each section we recognise there will be overlap in the employer and date periods.**

|  |  |
| --- | --- |
| 1. **Please demonstrate your experience of implementing and managing complex organisational initiatives involving innovation, change and improvement. (Please limit your answer to max word count 500)** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
|  | |

|  |  |
| --- | --- |
| 1. **Please demonstrate your experience of working collaboratively with internal and external stakeholders as relevant to the role. (Please limit your answer to max word count 500)** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
|  | |

|  |  |
| --- | --- |
| 1. **Please demonstrate your experience of planning, large scale processing, financial management and resource management processes including the management of project risks, issues and dependencies. (Please limit your answer to max word count 500)** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
|  | |

|  |  |
| --- | --- |
| 1. **Please demonstrate your experience of maximising the quality, efficiency and effectiveness of service delivery while motivating and empowering staff as relevant to the role. (Please limit your answer to max word count 500)** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
|  | |

|  |
| --- |
| **DATA PRIVACY STATEMENT** |

The HSE/PCRS is committed to protecting your privacy and takes the security of your information very seriously. We aim to be clear and transparent about the information we collect about you and how we use that information.

* Information on the HSE Candidate Data Privacy is available at <https://www.hse.ie/eng/staff/jobs/recruitment-process/hse-privacy-notice-candidates-in-process-with-national-recruitment-services-nrs>.
* Access information on the [HSE General Data Protection Regulation](https://www.hse.ie/eng/gdpr)
* Access information on [HSE records retention policy](https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-national-records-retention-policy/)

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 Applicant Information Document) 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.

Access more information about [making a protected disclosure to the HSE](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 professional 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:**

* + 1. **APPLICANT CHECKLIST**

If all required details / documentation indicated below are not submitted with your application we will be unable to process your application to the next stage of the process. That is short listing / interview.

|  |  |  |
| --- | --- | --- |
| Mobile Telephone Number  Email Address  Postal Address |  | **Mandatory** |
| The information you have provided in the Qualification/ Eligibility Criteria section clearly shows how your qualifications/ experience match the requirements. For example qualification titles. Clearly indicate dates. That is DD/MM/YY. |  |
| Post Specific Questions, each question must be fully completed. |  |
| Work Permit documentation, if relevant to non-EEA citizen applicants resident in the State. Please refer to Appendix 2 of the Applicant 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. |  |
| You have downloaded and saved the Job Specification and Applicant Information Document for future reference. | | |