**All sections to be completed in full**



|  |
| --- |
| APPLICATION FORM**Clinical Nurse Specialist (Palliative Care)** **SLPC2501** |

**Please carefully note the following instructions:**

* Please download, save and read the Job Specification which provides the necessary information about the requirements of this post
* Please ensure you read in full, the instructions for the completion of this application form and complete all areas, including the supplementary questions section, in full. When completing your application it is recommended at all times that you consider your qualifications, experience and supplementary question answers in light of the job specification and requirements of the role.
* Failure to complete all areas of the application form may result in you not being brought forward to the interview stage of the selection process.
* 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 reach **slapply@hse.ie** by the closing date/time of **Tuesday 29th April 2025 @ 12 Noon**
* Applications *will not* be accepted after this date and time, no exceptions will be made.
* Where submitting your application, please detail in the subject line: **SLPC2501**
* 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 on line storage site e.g. Google Drive) when emailing your application.
* In relation to details of employment, if the space provided is insufficient, please attach additional pages ensuring to use the same format.
* All previous employers may be contacted for reference purposes.
* Should you be invited for interview, you may take a copy of your application form with you.
* 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 available on <http://www.hse.ie/eng/staff/jobs/job_search/> .
* The Health Service Executive is an Equal Opportunities Employer.
* The Health Service Executive recognises its responsibilities under the Data Protection Acts 2003 & 1988 and the Freedom of Information Act 2014.

***Please return completed application form to:***

|  |
| --- |
| **E-mail: slapply@hse.ie**  |
| **Closing date for applications:** | **Tuesday 29th April 2025 @ 12 Noon** |
| **Interview Dates:** | TBC |

Applicant Details:

|  |  |
| --- | --- |
| Position Applied for: | **Clinical Nurse Specialist (Palliative Care)** |
| Position Reference No.: | SLPC2501 -  |
|  |  |  |  |
| Candidate Reference No *(office use only)* | SLPC2501 -  |
|  **Personal Details:** |  |  |  |
| First Name : |  |
|  |  |  |  |
| Last Name: |  |
|  |  |  |  |
| Postal address for correspondence: |  |
|  |
|  |

|  |  |
| --- | --- |
| **MOBILE TELEPHONE *(mandatory)***: |  |
|  |  |  |  |
| Contact Tel No. 2: |  |
| **E-mail Address** ***(mandatory)***:***(You may provide more than one)*** |  |
|  |

|  |  |
| --- | --- |
| Drivers Licence *(please state type & category):* |  |

**European Economic Area**

Are you an EEA (European Economic Area) National? Yes [ ]  / No [ ]

To help us gauge the efficiency of our advertising strategy for this campaign, the HSE would appreciate it if you indicated in the table below where you saw this campaign advertised.

|  |  |
| --- | --- |
| HSE website – [www.hse.ie](http://www.hse.ie/)  | [ ]  |
| Facebook | [ ]  |
| Word of mouth - my manager / colleague | [ ]  |
| Other, please say which |  |

*++ More than one indication is allowed.*

1. **Superannuation Schemes**

Please indicate in the table below if you are currently in receipt of a Voluntary Early Retirement or Ill Health Early Retirement Pension from any of the Public Health Superannuation Schemes or any other Public Sector Superannuation Scheme listed at 1-5 below?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
|  | Local Government Superannuation Scheme (LGSS) |  |  |
|  | Health Service Executive Employee Superannuation Scheme |  |  |
|  | Voluntary Hospital’s Superannuation Scheme (VHSS) |  |  |
|  | Nominated Health Agencies Superannuation Scheme (NHASS) |  |  |
|  | Other Public Service Superannuation SchemeIf yes, please provide further details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

If you have answered ‘yes’ in relation to being in receipt of a Voluntary Early Retirement or Ill Health Early Retirement pension from any of the above Superannuation Schemes please refer to Appendix 4 in ‘Additional Campaign Information’ for further details.

1. **Current Contractual Status**
* **I am currently a HSE employee\* Yes** [ ]  **No** [ ]
* **I am currently a Tusla employee\* Yes** [ ]  **No** [ ]

**Please tick the HSE/Tusla Area in which you work**

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

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** [ ]

\*HSE / Tusla Employee = you are a direct employee of the HSE or Tusla and not in a post funded or partially funded by the HSE or Tusla

1. **Proficiency in Irish**

Candidates will be afforded the added opportunity to demonstrate their ability to perform the duties of the office through Irish. This assessment will be on a pass/fail basis and will not disturb the marks awarded in the selection process. Where vacancies arise for which proficiency in Irish is a management requirement, the HSE will offer such posts in order of merit to candidates who have successfully passed the Irish assessment. Please indicate if you wish to undertake an Irish assessment exam.

Yes [ ]  / No [ ]

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

Please indicate below how your qualifications and professional experience meet the eligibility criteria for the post of Clinical Nurse Specialist (Palliative Care). **Please note that if you omit information in this section pertinent to the eligibility criteria you will be deemed ineligible and subsequently not called forward to interview.** Please complete each section below.

|  |  |
| --- | --- |
| **Registration** | **Pin Number** |
| I am a fully qualified General Nurse with **active** An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) registration. |  |
| I am a fully qualified General Nurse on the **inactive** register in the General Division of the Register of Nurses kept by An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). |  |
| I am a fully qualified General Nurse registered with a **European Authority** other than An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).  |  |
| I am a fully qualified General Nurse registered with a **non-European Authority**. |  |
| The **date** my name was entered on the register for the General Division is:Please enter as DD/MM/YYYY |  |

Seeking registration with Nursing and Midwifery Board of Ireland (Bord Altranais agus Cnáimhseachais na hÉireann is the responsibility of the applicant

**I am applying for the post of Clinical Nurse Specialist in Palliative Care under the following eligibility criteria:**

|  |  |
| --- | --- |
|  | **Yes** |
| 1. **I have successfully completed a post registration programme of study, as certified by the education provider, which verifies that I have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialist area of Palliative Care**

**(copy attached with my application form)** |  |

*(If you have ticked “Yes” to point (a) above, please complete Section 1 on Page 5 of this Application Form)*

**OR**

|  |  |
| --- | --- |
|  | **Yes** |
| 1. **I have yet to receive an award but have successfully completed the required number of relevant modules AND/OR 60 ECTS Credits that equates to a formal recognised post registration programme of study, as certified by the education provider, which verifies that I have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher to the specialist area of Palliative Care (copy attached with my application form)**
 |  |

*(If you have ticked “Yes” to point (b) above, please complete Section 2 on Page 6 of this Application Form)*

**Section 1**

**Please detail below your formal Level 8 award (or higher) recognised post registration programme of study, as certified by the education provider, which verifies that you have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialist area of Palliative Care Nursing.**

**Please take special care in completing this section i.e. in detailing correct course title(s), course duration and award(s) received, including any major specialty options where applicable: educational eligibility will be decided based on the information provided here. Any errors or omissions may not be rectified after the closing date and time for receipt of applications.**

*A photocopy of your Level 8 award (or higher) post registration programme of study, as certified by the education provider, which verifies that you have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialty area of Respiratory Nursing, must be submitted with your Application Form. Failure to submit a copy of your award will result in you not being brought forward to the next stage of the selection process.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Award (00/00/00)** | **College / Educational Institution** | **Name of Course** | **Award** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Note to Applicants:** In relation to the Level 8 qualification(s) which you have listed above, please provide full details in relation to the modules completed, specifically those that relate to the specialist area of Palliative Care Nursing.

|  |  |
| --- | --- |
| **Name of Level 8 Qualification** | **List of modules as detailed on your Course Transcript** |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 2**

**I have yet to receive an award but have successfully completed the required number of relevant modules AND/OR 60 ECTS Credits that equates to a formal recognised post registration programme of study, as certified by the education provider, which verifies that I have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialist area of Palliative Care**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of Course** **From (00/00/00) –To(00/00/00)** | **College / Educational Institution** | **Name of Course**  | **List of modules as detailed on your Course Transcript** |
|  |  |  |  |
|  |  |  |  |

*A photocopy of your letter from the College/University confirming that you have completed the required number of relevant modules that equates to a formal recognised post registration programme of study, AND/OR 60 ECTS Credits equivalent to your post registration programme of study, as certified by the education provider, which verifies that you have achieved a Quality and Qualifications Ireland (QQI), National Framework of Qualifications (NFQ) major academic Level 8 award or higher relevant to the specialty area of Respiratory Nursing, must be submitted with your Application Form. Failure to submit a copy of this letter will result in you not being brought forward to the next stage of the selection process.*

**And**

**Please indicate your 1 years post registration full time experience or an aggregate of 1 years full time experience in the General Division,**

**And**

**1 years’ experience or an aggregate of 1 years’ full time experience in specialist area of Palliative Care.**

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

If it is not clearly evident from the title of your post that it satisfies the eligibility criterion for **Clinical Nurse Specialist in Palliative Care** please provide further detail in the box below

|  |
| --- |
|  |

**And**

**CONTINUING PROFESSIONAL DEVELOPMENT**

**Please provide details below of your continuing professional development e.g. training days, courses completed through HSEland etc.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Completed****From MM/YY**  | **Educational Institution** **(if applicable)** | **Name of Course / Training etc.** | **Course / Training Duration**  | **Qualification Achieved** **(if applicable)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ADDITIONAL EDUCATIONAL ACHIEVEMENTS**

**Please include second level and any (additional) third level educational achievements:**

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

**IMPORTANT: Please ensure all 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).**

**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: |

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

### Competency Questions 1 - 4

**A guide to completing competency questions is available in Appendix 1 of this application form. It is strongly recommended that you read the guide before completing this section of your application form.**

**In the spaces below, briefly describe what you consider to be a good example of demonstrating your ability in each of the skill areas 1-3. A summary definition of each of skill areas is provided for your information. This is a summary of what we mean by each skill heading. Please provide the information in the format requested at (a) What you did, (b) How you did it, and (c) What was the Outcome. Remember anything you say may be used as part of a shortlisting/ranking exercise and may be discussed in more depth at interview**, **should you be called to one.**

|  |
| --- |
| **1. Organisation & Management Skills**It is important for the Clinical Nurse Specialist Palliative Care to be able to plan and organise resources efficiently and effectively within a specified timeframe. S/he co-ordinates and schedules activities to ensure the smooth running of his / her area of responsibility and will effectively manage unexpected events. S/he is flexible and adaptable in approach to their workload.*In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |
| **2. Building & Maintaining Relationships (including Team Skills & Leadership Skills)**The effective Clinical Nurse Specialist Palliative Care will demonstrate good interpersonal skills and the ability to build and maintain relationships. S/he demonstrates the ability to work well as part of a wider team, being approachable, helpful and supportive. S/he uses diplomacy and tact in fraught situations and can diffuse tense situations comfortably. *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |

|  |
| --- |
| **3. Commitment to Providing a Quality Service**The Clinical Nurse Specialist Palliative Care is adaptable and open to change in striving to ensure high standards in the service of today. S/he displays service innovation and initiation. S/he ensures that all service users are treated with dignity and respect and ensures that the welfare of the service user is a key consideration at all times. S/he monitors and reviews his/ her own work and that of others to ensure its quality and accuracy. *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |

|  |
| --- |
| **4. Experience Relevant To The Role**Please provide below SPECIFIC DETAILS from your experience to date that you feel help you meet the requirements for this post as detailed in the Job Specification. Please note that the information supplied here will be taken into consideration in determining your eligibility and / or shortlisting / ranking for this campaign. *Please include dates i.e. from x date to x date, number of months, the name of the employer & Department you worked in, and details as to how you meet the requirements specified in the eligibility and ‘post specific requirements’ section of the Job Specification.* |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| **Please outline your depth and breadth of Nursing experience in the specialist area of Palliative Care as relevant to the role.** |

**General Declaration**

It is important that you read this Declaration carefully and then sign it in the space below.

**Part 1:** Obligations Placed on Candidates who participate in The Recruitment Process.

The Public Service Management (Recruitment and Appointments) Act 2004 makes very specific provisions in relation to the responsibilities placed on candidates who participate in recruitment campaigns and these are detailed in Section 4 of the Code of Practice issued under the Act.

These obligations are as follows:

Any canvassing by or on behalf of candidates shall result in disqualification and exclusion from the recruitment process. Candidates shall not:

* knowingly or recklessly make a false or a misleading application
* knowingly or recklessly provide false information or documentation
* canvass any person with or without inducements
* 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.

* 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.”

Failure to sign application will render it invalid[[1]](#footnote-1).

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Name of Applicant)* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 (00/00/00)** |
| Professional Relationship to candidate: |  |
| Postal Address: |  |
|  |
|  |
|  |
| Telephone Contact Details: | Mobile: | Landline: |
|  |
| Email Address:  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **2. Name and Job Title of Referee:** |  |
| **Dates: From/To (00/00/00)**  |  |
| Professional Relationship to candidate: |  |
| Postal Address: |  |
|  |
|  |
| Telephone Contact Details: | Mobile: | Landline: |
|  |
| Email Address:  |  |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **3. Name and Job Title of Referee:** |  |
| **Dates: From/To (00/00/00)**  |  |
| Professional Relationship to candidate: |  |
| Postal Address: |  |
|  |
|  |
| Telephone Contact Details: | Mobile: | Landline: |
|  |
| Email Address:  |  |

1. 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. [↑](#footnote-ref-1)