

|  |
| --- |
| **Application Form**  **Clinical Nurse Manager 2 (Sexual Health)**  **SLPC2510** |

**Please carefully note the following instructions:**

* 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. 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. Please ensure you fully read and understand the ‘Additional Campaign Information for Candidates’ document specific to this campaign
* 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 reach [slapply@hse.ie](mailto:slapply@hse.ie) by the closing date and time of **Thursday 22nd May 2025 @ 12:00 NOON**

* Applications *will not* be accepted after this date and time; no exceptions will be made.
* It is preferable that Application Forms are typed.
* When submitting your application by email, please detail in the subject line: **SLPC2510 Clinical Nurse Manager II**
* 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.
* In relation to details of employment, if the space provided is insufficient, please attach additional pages ensuring to use the same format.
* Please read the Job Specification which provides useful information about the requirements of this post.
* Should you be invited for interview, you may take a 'hard' copy (or '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 available on <http://www.hse.ie/eng/staff/jobs/job_search/>.
* The Health Service Executive is an Equal Opportunities Employer.
* The Health Service Executive recognizes its responsibilities under the Data Protection Acts 2003 & 1988 and the Freedom of Information Act 2014.

|  |  |
| --- | --- |
| **Return applications to:** | **E-mail: slapply@hse.ie** |
| **Closing date for applications:** | Thursday 22nd May 2025 @ 12:00 NOON |
| **Proposed interview dates:** | TBC |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Clinical Nurse Manager 2 (Sexual Health)**  *Grade Code: 2119* |
| Campaign Reference No.: | **SLPC2510** |
| **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) |  |
| Drivers Licence*:*  (Please state type & category) |
|  |

**European Economic Area (EEA)**

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

**If you are a non-EEA citizen you must provide the requested documentation to support your application**.

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. *+*

|  |  |
| --- | --- |
| Facebook |  |
| HSE Website |  |
| Word of mouth – my manager/colleague |  |
| Other – please say which |  |

*+ More than one indication is allowed.*

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 role. **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.

**1. Are registered in the relevant division of the Register of Nurses & Midwives maintained by the Nursing and Midwifery Board of Ireland [NMBI] (Bord Altranais agus Cnáimhseachais na hÉireann) or entitled to be so registered.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration** | **Please tick as appropriate**  **to your current**  **status** | **Pin Number** | **Date entered on the register DD/MM/YY** |
| Are registered in the General division of the Register of Nurses & Midwives maintained by the Nursing and Midwifery Board of Ireland (Bord Altranais agus Cnáimhseachais na hÉireann) or entitled to be so registered. |  |  |  |

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

**AND**

**2. Please indicate your 5 years’ post registration experience** **of which 2 years must be in the speciality or related area. Please note that you must have achieved the 5 years’ (60 Months) experience no later than the closing date for this campaign.**

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** | | |  | | |

\*If it is not clearly evident from the Title of the Post that it satisfies the eligibility criteria please provide further detail in the box below

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

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

**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: | |

### Competency Questions

**In the spaces below, briefly describe what you consider to be a good example of demonstrating your ability in each of the skill areas. A summary definition of each skill area is provided for your information. This is a summary of what we mean by each skill heading. 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 Manager 2 (Sexual Health) to be able to plan and organise resources efficiently and effectively within a specified timeframe. S/he demonstrates the ability to manage deadlines and effectively handle multiple tasks. The effective Clinical Nurse Manager 2 demonstrates an awareness of resource management and the importance of value for money. S/he demonstrates flexibility and adaptability in their approach to work  *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 Potential)  The effective Clinical Nurse Manager 2 (Sexual Health) will demonstrate the ability to work on own initiative as well as part of a team. S/he adopts a collaborative approach to patient care by co-ordination of care / interventions and interdisciplinary team working. S/he demonstrate strong interpersonal skills including the ability to build and maintain relationships. Fosters good professional work relationships between colleagues and demonstrates the ability to lead on clinical practice  *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  An effective Clinical Nurse Manager 2 (Sexual Health) demonstrates a commitment to providing a quality service. S/he displays awareness and appreciation of the service user and the ability to empathise with and treat others with dignity and respect. S/he demonstrates integrity and ethical stance. An effective Clinical Nurse Manager 2 demonstrate motivation, initiative and an innovative approach to job and service developments, is flexible and open to change.  *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, the name of your employer & department where you worked 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** |
|  |  |
|  | |

**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 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.”

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, Grade 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, Grade 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, Grade 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. 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)