****

|  |
| --- |
| **APPLICATION FORM**  **Dental Nurse**  **Sligo,Leitrim**  **SLPC2511** |

**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 areas, including the competency questions section, 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.
* **Only fully completed application forms submitted by the closing date and time will be accepted. No exceptions will be made. It is preferable that Application Forms are typed.**
* 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 30th May 2025 @ 12:00 Noon |
| **Return Application Forms** | **Please complete application form and submit via email:** [**slapply@hse.ie**](mailto:slapply@hse.ie)  **Using SLPC2511 Dental Nurse in the subject line.**  **CV’s will not be accepted** |
| **Anticipated Interview Date(s)** | As soon as possible following the closing date |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Dental Nurse** |
| Campaign Reference No.: | **SLPC2511** |
| **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**. 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. *+*

|  |  |
| --- | --- |
| LinkedIn |  |
| HSE Website |  |
| Word of mouth – my manager/colleague |  |
| Notification from HSE Talent Pool |  |
| 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 Scheme  If 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 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 tick the appropriate box and provide the requisite information below.

Please complete Q1, Q2 or Q3 below.

**Q1. Please indicate below if you possess any of the below listed qualifications.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **Year Awarded** |
| I possess a Diploma in Dental Nursing from The University of Dublin/Dublin Dental University Hospital |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **Year Awarded** |
| I possess a Diploma in Dental Nursing from The University Dental School & Hospital Cork or NUI, Cork |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **Year Awarded** |
| I possess the Higher Certificate in Science in Dental Nursing from Athlone Institute of Technology |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **Year Awarded** |
| I possess the Higher Certificate in Science in Dental Nursing from Letterkenny Institute of Technology |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **Year Awarded** |
| I possess a qualification in Dental Nursing awarded by National Examining Board of Dental Nursing (NEBDN) in the United Kingdom |  |  |

**Or**

**Q2 Please indicate below if you are registered as a Dental Nurse with the Dental Council of Ireland or entitled to be so registered:**

|  |
| --- |
| **Please tick as appropriate** |
| I am a fully qualified Dental Nurse registered with the Dental Council of Ireland |  | **Registered Number** |
|  |

**Or**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tick as appropriate Yes No** | | | |
| I am a fully qualified Dental Nurse entitled to be registered with the Dental Council of Ireland |  |  |  |
| I have applied to the Dental Council of Ireland for assessment of my qualification for the purpose of obtaining registration | **Yes** | **No** | **Date of Application** |
|  |  |  |

**Or**

**Q3. I possess a qualification in dental nursing, which in the opinion of the Dental Council of Ireland, is equivalent to (i), (ii) or (iii) above.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Award**  **From – To (00/00/00)** | **College / Educational Institution** | **Name of Course** | **Level of Award on the NFQ Framework maintained by QQI**  [**http://www.nfq-qqi.com/**](http://www.nfq-qqi.com/) |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| I have received confirmation from the Dental Council of Ireland that my qualification is equivalent to the qualifications listed at (i), (ii) or (iii) above | **Yes** | **No** |
|  |  |

**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).

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

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

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

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

**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. All question areas must be completed.**

**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. Please provide the information in the format requested at (a), (b), and (c) in Appendix 1. 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. Planning and Organising Resources  It is important that a Dental Nurse demonstrates the ability to plan and prioritise their workload effectively to ensure optimum service delivery. Within this s/he must have the ability to pre-empt potential problems or competing priorities and take appropriate action to ensure service standards don’t suffer. S/he must demonstrate flexibility and adaptability in response to workforce demands.  *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |
| 2. Building and Maintaining Relationships  It is important that a Dental Nurse can work well as part of a team, building and maintaining relationships and understanding and valuing individuals and their respective professional roles. S/he maintains open communication channels with team members and others as appropriate. S/he reacts constructively to setbacks and is able to both give and receive feedback.  *In the space below, please give an example of a situation where you best demonstrated your ability in this* | |
|  | |

|  |
| --- |
| 1. Commitment to Providing a Quality Service   An effective Dental Nurse demonstrates a commitment to providing a quality service. S/he is innovative and open to change in striving to ensure high standards in service delivery. S/he ensures that all service users are treated with dignity and respect and makes certain 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 the team 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, 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** |
|  |  |
| **Please demonstrate your depth and breadth of experience in the area of Dental Nursing 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 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 and Job Title of Referee: Una**

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

**Professional Relationship to Candidate:**

**Postal Address: Ace Personnel,**

**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. 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)