

**All sections to be completed in full**

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| **Social Care Leader (Programme Co-Ordinator)**  **Ceannaire an Chúraim Shóisialta**  **Disabilities Services**  **HSE North West**  **SLSC2507** |

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. 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 anyone wishing to return an application by email should allow a minimum of 1 hour for their application to reach [SLapplycho1@hse.ie](mailto:SLapplycho1@hse.ie) by the closing date and time of **Tuesday 6th May 2025 @10:00Am**
* Applications will not be accepted after this date and time, no exceptions will be made.
* Where submitting your application by email, please use the subject line: **SLSC2507**
* 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.
* 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 recognises its responsibilities under the Data Protection Acts 2003 & 1988 and the Freedom of Information Act 2014.

***Please return completed expressions form to:***

|  |  |
| --- | --- |
| **E-mail:** [**slapplycho1@hse.ie**](mailto:slapplycho1@hse.ie)please use the subject line: **SLSC2507** | |
| **Closing date for applications:** | **Tuesday 6th May 2025 @10:00Am** |

Applicant Details:

|  |  |
| --- | --- |
| Position Applied for: | **Social Care Leader (Programme Co-Ordinator)**  **Ceannaire an Chúraim Shóisialta**  **Disabilities Services** |
| Position Reference No.: | SLSC2507 |
|  |  |
| **Personal Details:** |  |
| First name : |  |
| Last Name: |  |
|  |  |
| Postal address for correspondence: |  |
|  |
|  |
|  |
| Mobile Telephone ***(*mandatory*)***: |  |
| Contract Telephone No. 2 |  |

|  |  |
| --- | --- |
| E-mail Address ***(mandatory)***:  *(Please provide one Email Address Only)* |  |

|  |  |
| --- | --- |
| Driver’s License *(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/) |  |
| Word of mouth - my manager / colleague |  |
| Other, please say which\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

*++ More than one indication is allowed.*

1. **Current Contractual Status**

**Information on applicant pool (for information purposes only)**

* **I am currently a HSE employee\* Yes**  **No**
* **I am currently a Tusla employee\* Yes  No**
* **I am currently an employee of another statutory health agency Yes  No**

**Please specify which statutory health agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If yes, my current contractual status is** | **Permanent** |  | **Temporary** |  | |
| **What is your current employment title?** | |  | | |
| **Current Grade/ Level as per Consolidated Pay Scales *e.g. Grade V or Social Work Team Leader etc.***  ***In this area you must list the actual grade of the post that is linked to the salary scale you are paid at. If you are unsure please see***  [**http://www.hse.ie/eng/staff/Benefits\_Services/pay/noVI3.pdf**](http://www.hse.ie/eng/staff/Benefits_Services/pay/nov13.pdf) | |  | | |

**2. 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 a Case Coordinator. 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 enter the date on which your Social Care qualification was awarded** | DD/MM/YY |

|  |  |  |
| --- | --- | --- |
| 1. **Please indicate the statement which best matches your registration status with the Social Care Workers Registration Board, Health & Social Care Professionals Council (CORU)** | | |
| * I am registered with CORU | Registration Number |  |
| * I have applied to register with CORU | Application Number |  |
| * I have not yet applied to register with CORU |  | |

**I am applying for the post of a Social Care Leader Programme Coordinator Disability service under the following eligibility criteria:**

|  |  |
| --- | --- |
|  | **Yes** |
| **(i) Hold professional registration, or be eligible for registration, on the Social Care Workers Register maintained by the Social Care Workers Registration Board**  **at CORU.** |  |

**OR**

|  |  |
| --- | --- |
| **(ii) Have a Schedule 3 qualification.**  **See list of recognised Schedule 3 qualifications at:**  **Please refer to Job specification** |  |

**OR**

|  |  |
| --- | --- |
| **(iii) Have a comparable qualification recognised by the Social Care Workers**  **Registration Board at CORU.** |  |

**OR**

|  |  |
| --- | --- |
| **(iv) Applicants who satisfy the conditions set out in Section 91 of the Health and Social Care Professionals Act 2005, (See note 3 below\*), must submit proof of application for registration with the Social Care Workers Registration Board at CORU. The acceptable proof is correspondence from the Social Care Workers Registration Board at CORU confirming their application for registration as a section 91 applicant was received by the 30th November 2024** |  |

**OR**

|  |  |
| --- | --- |
| **(v) A minimum of 3 years’ experience as relevant to the role.** |  |

1. **3 Years Post Registration Qualification Experience**

Please indicate your 5 years (60 months) post registration qualification experience. Please note that you must have achieved the 5 years (60 months) experience no later than the closing date.

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 your post that it satisfies the eligibility criteria please provide further detail in the box below. | | | | | |

**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).**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Title** | **Employer** |
|  |  |  |  |
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### DETAILED CAREER HISTORY – 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**

**Please indicate below how your professional experience meets the eligibility criteria for the post of a Case Coordinator in the Physical & Sensory Disability service.**

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

* **Please note that if you omit information in this section pertinent to the eligibility criteria you may be deemed ineligible and subsequently not called forward to a skills match meeting.**
* **Short listing will 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 outline your experience as relevant to the role working within a Disability Team.** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
|  | |

### Supplementary Questions 1 - 4

**In the spaces below, briefly describe what you consider to be a good example of demonstrating your ability in each of the skill areas 1-4. 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. 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.**

|  |
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| 1. Planning and Managing Resources  It is important that the Programme Coordinator demonstrates the ability to plan and manage resources to ensure optimum service delivery. This includes the ability to contribute to service planning e.g. by anticipating the changing needs of service users and developing professional practice accordingly. S/he must demonstrate flexibility and adaptability in response to workforce demands and can plan and organise work accordingly.  *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |

|  |
| --- |
| 2. Commitment to Providing a Quality Service  An effective Programme Coordinator demonstrates a commitment to providing a quality service. S/he is adaptable 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 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 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.* |
|  |

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| **3. Evaluating Information and Judging Situations**  It is important for a Programme Coordinator to make decisions and solve problems in a timely manner. S/he will gather and analyse information from a variety of (relevant) sources before making a decision and will use opportunities to empower others as appropriate. The Case Coordinator will display the ability to explain the rationale behind decisions confidently when faced with opposing or competing demands.  *In the space below, please give an example of a situation where you best demonstrated your ability in this area.* |
|  |

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| **4. Building & Maintaining Relationships (including Team Skills & Leadership Skills)**  The effectiveness of a Programme Coordinators Behavior 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.* |
|  |

### 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?

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| --- | --- | --- | --- |
| Yes: |  | No: |  |

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| --- | --- | --- | --- |
| **1. Name and Job Title of Referee:** | |  | |
| Professional Relationship to candidate: | |  | |
| Postal Address: | |  | |
|  | |
|  | |
| Telephone Contact Details: | | Mobile: | Landline: |
|  | | | |
| Email Address: |  | | |

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|  |  |  |  |
| --- | --- | --- | --- |
| **2. Name and Job Title of Referee:** | |  | |
| Professional Relationship to candidate: | |  | |
| Postal Address: | |  | |
|  | |
|  | |
| Telephone Contact Details: | | Mobile: | Landline: |
|  | | | |
| Email Address: |  | | |
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|  |  |  |
| --- | --- | --- |
| **3. Name and Job Title of Referee:** |  | |
| Professional Relationship to candidate: |  | |
| Postal Address: |  | |
|  | |
|  | |
| Telephone Contact Details: | Mobile: | Landline: |
|  | | |
| Email Address: |  | |

**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 Services Management (Recruitment and Selection) 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 Services Management (Recruitment and Selection) 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)