

HR/ER Department, Business Operations,  
Technology and Transformation

Dr. Steevens’ Hospital,

Dublin 8, D08 W2A8

Rannóg AD/CF

Oibríochtaí Gnó

Teicneolaíocht agus Trasfhoirmiú

FSS, Ospidéal Dr. SteevensBaile Átha Cliath 8, D08 W2A8

***Due to emails being stopped by our security system and to ensure your application does not get quarantined, please include the Campaign Reference Number and the Campaign Name on the subject line of the email when submitting applications***

APPLICATION FORM

**T&T/44/25 Pharmacist, Senior,**

**Hospital Medicines Management System (HMMS)**

* 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 eligibility criteria 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.

* You must submit your application form via email only and we will accept the application form unsigned. You will be required to sign the General Declaration at a later date.
* 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 Noon, Thursday 21st August, 2025, 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.
* **As we are only accepting applications by email, applications must be submitted in a Microsoft Word 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.
* Should you be invited for interview, you may take a 'hard' copy (i.e., 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.

*For any queries, please email* [recruitment.TechnologyAndTransformation@hse.ie](mailto:recruitment.TechnologyAndTransformation@hse.ie)

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| --- | --- |
| **Closing Date & Time** | **12 Noon, Thursday 21st August, 2025** |
| **Return Application Forms To** | Please email your application to: [applyadmin.TechnologyAndTransformation@hse.ie](mailto:TechnologyAndTransformation.applyadmin@hse.ie) with the subject line: T&T/44/25 **Pharmacist, Senior.**  **Hospital Medicines Management System (HMMS)**  **Please note that you must submit your application form via email only** |
| **Anticipated Interview Date(s)** | Proposed interview dates will be indicated at a later stage. Please note you may be called forward for interview at short notice. |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Pharmacist, Senior.**  **Hospital Medicines Management System (HMMS)** |
| Campaign Reference No.: | **T&T/44/25/** |
|  |
| **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 and category) Full Driving Licence with own transport required to fulfil the requirements of the role as may involve travel. |
|  | |
|  | |

**European Economic Area (EEA)**

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| --- | --- |
| **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 “Additional Campaign Information” for further information and for a definition of an EEA Citizen.

**Advertising Data**

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.

|  |  |
| --- | --- |
| LinkedIn |  |
| HSE website – [www.hse.ie](http://www.hse.ie/) |  |
| Notification from HSE Talent Pool |  |
| Word of mouth - my manager / colleague |  |
| Public Jobs |  |
| Other, please say which |  |

*+ More than one indication is allowed.*

1. **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/)

Agency:

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

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

\*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

**ELIGIBILITY CRITERIA**

**In this area we ask you to focus on your experience to date that is relevant to the role of Pharmacist, Senior. Access & Integration Drug Management Programme. 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.**

**Eligibility Criteria - Qualifications and/ or experience**

**Applicants must demonstrate all of the criteria listed below, as relevant to the role:-**

**Candidates must have at the latest date of application: -**

**1. Professional Qualifications, Experience, etc.**

Eligible applicants will be those who on the closing date for the competition:

1. Are a registered Pharmacist with the Pharmaceutical Society of Ireland

 (PSI) or be entitled to be so registered.

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

**And**

1. Have at least three years satisfactory post registration experience in a community pharmacy, and/or hospital pharmacy and/or national programme setting.

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

**And**

1. possess the requisite clinical knowledge and ability (including a high standard of suitability and management ability) for the proper discharge of the

                   duties of the office.

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1. **Annual registration**

Practitioners must maintain annual registration on the Pharmacist Register maintained by Pharmaceutical Society of Ireland.

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

**Health**

A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.

**Character**

Each candidate for and any person holding the office must be of good character.

**Age**

Age restrictions shall only apply to a candidate where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation Act, 2004). A candidate who is not classified as a new entrant must be under 68 years of age on the first day of the month in which the latest date for receiving completed application forms for the office occurs.

**POST SPECIFIC REQUIREMENTS**

**In this area we ask you to focus on your experience to date that is relevant to the role of Pharmacist, Senior.**

**Access & Integration Drug Management Programme**. **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.**

**Eligibility Criteria - Qualifications and/ or experience**

**Applicants must demonstrate all of the criteria listed below, as relevant to the role:-**

* Demonstrate depth and breadth of experience in hospital pharmacy and/or community pharmacy as relevant to the role
* Demonstrate depth and breadth of experience in the use of a Hospital Medicines Management System as relevant to the role
* Demonstrate familiarity with the health informatics standards and data analysis as relevant to the role
* **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. **Please demonstrate significant experience, demonstrate depth and breadth of experience in hospital pharmacy and/or community pharmacy as relevant to the role as relevant to the role.** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| ***Max word count 700...*** | |
| 1. **Please demonstrate your significant experience, demonstrate depth and breadth of experience in the use of a Hospital Medicines Management System as relevant to the role as relevant to the role.** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| ***Max word count 700...*** | |
| 1. **Please demonstrate your significant experience, demonstrate familiarity with the health informatics standards and data analysis as relevant to the role as relevant to the role.** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
| ***Max word count 700...*** | |

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate Reference No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Organisation Chart

We would appreciate it if you would forward a copy of an organisation chart indicating your current position within the Senior Management team in your organisation.

There is no fixed requirement here in terms of format, and we will accept whatever format is convenient for yourself (e.g. an existing published chart from your organisations website / annual report), but we would emphasise that the selection panel have requested this to help them understand your level within your current / most recent organisation and your positioning relative to other senior managers.

If you do not have access to a corporate chart you may find the template below useful.

If you are independent or have not been part of an organisation recently, please state N/A.

Organisation Chart Template

**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** |
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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 - please begin by listing the most recent first.**

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| --- | --- |
| **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: | |

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| **Data Privacy Statement** |

The Health Service Executive 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.

* 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 email for Technology and Transformation [recruitment.technologyandtransformation@hse.ie](mailto:recruitment.technologyandtransformation@hse.ie)) 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 Siochána.

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:**

### APPLICANT CHECKLIST

If all required details / documentation (as below) are not submitted with your application, we will be unable to process your application to the next stage of the process i.e. short listing / interview.

|  |  |  |
| --- | --- | --- |
| Mobile Telephone Number  Email Address  Postal Address |  | **Mandatory** |
| That the information you have provided in the Qualification/ Eligibility Criteria section clearly shows how your experience matches the requirements. Dates should be clearly indicated i.e. DD/MM/YY, qualification titles etc. |  |
| Work Permit Documentation (if relevant to non-EEA applicants). Please refer to Appendix 2 of the Additional Campaign 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. |  |
| That you have downloaded and saved the Job Specification and Additional Campaign Information for future reference. | | |