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

**APPLICATION FORM**

**Psychologist, Senior**

**HSE Disability Services**

**NRS14721**

* 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, 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.
* To ensure that you do not miss out on any email communication it is highly recommended that you check your spam and junk folder on a regular basis. In addition to reduce the possibility of emails from the NRS team being directed to spam we recommend that you add the HSE web domain to your WHITELIST. Pleases see the additional campaign information document for more information.
* 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. **In order to ensure that your email is not quarantined your email attachments should not exceed a 3mb limit. If you are required to submit supporting documentation with your application form which exceeds 3mb you must reduce the size of the documentation by compressing (zip) the documents otherwise your email may not be received.**
* In relation to details of employment, if the space provided is insufficient, please attach additional pages ensuring to use the same format.
* 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.

|  |  |
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| **Return application forms by email to** | [applyalliedhealth@hse.ie](mailto:applyalliedhealth@hse.ie) using the subject line NRS14721 Psychologist Senior  **Please note that you must submit your application form via email only.**  Email applications will receive a response within 2 working days, which will let you know that we received your email. **If you have not received an email response within 5 working days, we highly recommend that you contact the NRS via email to** [**applyalliedhealth@hse.ie**](mailto:applyalliedhealth@hse.ie) **to verify that your email has been received.** |
| **For queries on the Recruitment Process** | Please contact the NRS Help Desk on 0818 473677 (for candidates calling from outside Ireland +35341 6859506) or by email on [asknrs@hse.ie](mailto:asknrs@hse.ie)  For queries specifically relating to the role please contact the named person on the Informal Enquiries section on the Job Specification |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Psychologist, Senior** |
| Campaign Reference No.: | **NRS14721** |
| **Personal Details** |  |
| First Name: |  |
| Last Name: |  |
|  |  |
| Postal Address for Correspondence: |  |
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| --- | --- |
| Mobile Telephone **(mandatory)**: |  |
| Contact Telephone No. 2: |  |

|  |  |
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| Email Address **(mandatory)**:  (You may provide more than one) |  |

**European Economic Area (EEA)**

|  |  |
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| **Please select one of the following:** | **** |
| I am an EEA National |  |
| I am a British National |  |
| I am a Swiss National |  |
| I am a Non-EEA National |  |

**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. *+*

|  |  |
| --- | --- |
| HSE Website |  |
| Word of mouth – my manager/colleague |  |
| Notification from Career Hub |  |
| Websites |  |
| Other – please say which |  |

*+ More than one indication is allowed.*

1. **Current Contractual Status**
2. **I am directly employed by 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**

**Yes**  **No**

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**

1. **I am employed by a Recruitment Agency and am currently placed 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**

**Yes**  **No**

**If you are employed by a Recruitment Agency and are currently placed in the HSE, TUSLA, please tick the HSE / TUSLA Area in which you work:**

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

1. **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**

**Yes**  **No**

\* A list of ‘other statutory health agencies’ can be found:

<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/>

**Vacancy of Interest**

The purpose of this recruitment initiative is to fill immediate vacancies for Senior Psychologists in the HSE Disability Services which are unfilled from the existing national panel. Please refer to the Disability Services landing page at the link below for details of the current vacancies available:

<https://careerhub.hse.ie/immediate-vacancies/>

Only the vacancies listed in the specified locations will be filled. No panels will be formed as result of this rolling campaign. Therefore, you should only apply at this time if you are genuinely interested in one of the published vacancies. We also recommend that you keep an eye on the Disability Services landing page for any vacancies that may interest you as the list of available vacancies will be updated regularly as they are notified to the National Recruitment Service.

Following interviews, candidate pools may be formed for each of the specified locations from which current vacancies will be filled. No additional jobs will be offered to candidates successful at interview unless they are in the exact same location as the current vacancy or vacancies. Once the available vacancies are filled, the candidate pools will be disbanded.

**Please indicate below the vacancy or vacancies that you are interested in:**

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

**Please indicate below how your qualifications and professional experience meet the eligibility criteria for the post of Psychologist, Senior by making the appropriate selections and giving additional information where requested. 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 read Appendix 1 of Additional Campaign Information before completing this section.) We strongly recommend that you download, save and read the Additional Campaign Information document before completing your application.**

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| **Category A: If you are an applicant who qualified through the in-service route (“grandfathering”) prior to 25th October 2002 please complete this section. Applicants completing this section must have been employed in a post of Basic Grade Psychologist or above in the Irish Public Health Service to whom the qualification requirements for Psychologist – Community Care or Clinical in place at the 25th October, 2002 apply.** | | | | | | | | | | | | | | |
| Year of Award (DD/MM/YY) | | | College / Educational Institution | | | | | | Course Title | | | | Award | |
|  | | |  | | | | | |  | | | |  | |
| **Demonstrate experience as a Psychologist in Clinical Psychology or Community Care Areas or equivalent (if relevant)** | | | | | | | | | | | | | | |
| From Date (DD/MM/YY) | | To Date  (DD/MM/YY) | | | Average Monthly Hours | | Total Months | | | Employer | | Title of Post | | |
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| **Total Cumulative Months** | | | | | | | | | | | |  | | |
| Candidates must have at least five years satisfactory postgraduate experience in the area of professional psychology. The five years (60 months) experience must comprise of no more than three years (36 months) of which was spent in gaining the post-graduate professional qualification and no less than two years (24 months) full time spent in post qualification experience as a professional Psychologist. Years in excess of the permitted three years for completion of the Post Graduate training or time not worked will not be taken into consideration when assessing the five years’ experience requirement**.**  **Please note that you must have achieved the 5 years’ experience at application stage.**  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 taken into consideration in determining your eligibility and / or a ranking exercise for this campaign* | | | | | | | | | | | | | |
| From Date (DD/MM/YY) | To Date  (DD/MM/YY) | | | Average Monthly Hours | | Total Months | | Employer | | | Title of Post \* | | |
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| Total Cumulative Months | | | |  | | | | | | | | | |

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| **Category B: if you are currently employed in a basic grade or above psychology post in a named publically funded psychological service commencing during the period between October 2002 and 31st January 2021, please complete this section.** | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details of your employment in a named publicly funded psychologist service See Note 1 (below) | | | | | | | | | | | | | | | | | | | | | | |
| From Date (DD/MM/YY) | | To Date  (DD/MM/YY) | | | | | Average Monthly Hours | | Total Months | | | Employer | | | | | | | Title of Post | | | |
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| 1. Please provide details of your recognised university degree or diploma (QQI Level 8 equivalent) obtained with 1st or 2nd class honours in which Psychology was taken as a major subject and honours obtained in the subject | | | | | | | | | | | | | | | | | | | | | | |
| Year of Qualification (dd/mm/yy) | | | | | | College / Educational Institution | | | | | Course Title | | | | | | | | | Award i.e. 1:1, 2:1 | | |
|  | | | | | |  | | | | |  | | | | | | | | |  | | |
| 1. I hold a recognised professional post-graduate qualification in the following Psychology discipline | | | | | | | | | | | | | | | | | | | | | Please tick as appropriate | |
| Clinical Psychology | | | | | | | | | | | | | | | | | | | | |  | |
| Counselling Psychology | | | | | | | | | | | | | | | | | | | | |  | |
| Educational Psychology | | | | | | | | | | | | | | | | | | | | |  | |
| I gained this recognised professional post-graduate qualification from the following programme | | | | | | | | | | | | | | | | | | | | | | |
| Year of Qualification (DD/MM/YEAR) | | | | College / Educational Institute | | | | | | Course Title | | | | | | Award i.e. 1:1, 2:1 | | | | | | |
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| For Professional Post Graduate Psychology Qualifications Awarded outside of the Republic of Ireland | | | | | | | | | | | | | | | | | | | | | | |
| If your professional psychology qualification was not awarded in the Republic of Ireland, have you received validation of your qualifications from the Department of Health (Ireland)? | | | | | | | | | | | Yes | | | | No | | | | | | | |
|  | | | |  | | | | | | | |
| Under Directive 2005/36/EC my professional psychology qualification has been recognised by the Department of Health (Ireland) to be considered for employment in the Irish publically funded health sector for the following discipline of psychology – *tick as appropriate* | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Psychology | | |  | | | | Counselling Psychology | | | | | | |  | | | Educational Psychology | | | | |  |
| Date of validation (dd/mm/year) | | | | | | | | | | | | | | | | |  | | | | | |
| Candidates must have at least five years satisfactory postgraduate experience in the area of professional psychology. The five years (60 months) experience must comprise of no more than three years (36 months) of which was spent in gaining the post-graduate professional qualification and no less than two years (24 months) full time spent in post qualification experience as a professional Psychologist. Years in excess of the permitted three years for completion of the Post Graduate training or time not worked will not be taken into consideration when assessing the five years’ experience requirement**.**  **Please note that you must have achieved the 5 years’ experience at application stage.**  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 taken into consideration in determining your eligibility and / or a ranking exercise for this campaign* | | | | | | | | | | | | | | | | | | | | | | |
| From Date (DD/MM/YY) | To Date  (DD/MM/YY) | | | | Average Monthly Hours | | | Total Months | | | | | Employer | | | | | Title of Post \* | | | | |
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| Total Cumulative Months | | | | |  | | | | | | | | | | | | | | | | | |

***Note 1.*** *Psychological services delivered or funded by the Department of Health, Department of Justice, Department of Education and the Department of Children, Disability, Equality and Integration aimed at improving the mental, physical or social health or wellbeing of the clients they serve. Please note, agency staff do not fall into this category and should apply under Category C*

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| **Category C: If you are an applicant who does not meet Category A or Category B above, please complete this section.** | | | | | | | | | | | | | | | | | |
| Please provide details of your recognised university degree or diploma (QQI Level 8 equivalent) obtained with 1st or 2nd class honours in which Psychology was taken as a major subject and honours obtained in the subject | | | | | | | | | | | | | | | | | |
| Year of Qualification (dd/mm/yy) | | College / Educational Institution | | | | Name of Course | | | | | | | | | | Award i.e. 1:1, 2:1 | |
|  | |  | | | |  | | | | | | | | | |  | |
| 1. I hold a recognised professional post-graduate qualification in the following Psychology discipline | | | | | | | | | | | | | | | | Please tick as appropriate | |
| Clinical Psychology | | | | | | | | | | | | | | | |  | |
| Counselling Psychology | | | | | | | | | | | | | | | |  | |
| Educational Psychology | | | | | | | | | | | | | | | |  | |
| I gained this recognised professional post-graduate qualification from the following programme | | | | | | | | | | | | | | | | | |
| Year of Qualification (DD/MM/YY) | | | | | College / Educational Institute | | | | Course Title | | | Award i.e. 1:1, 2:1 | | | | | |
|  | | | | |  | | | |  | | |  | | | | | |
| For Professional Post Graduate Psychology Qualifications Awarded outside of the Republic of Ireland | | | | | | | | | | | | | | | | | |
| If your professional psychology qualification was not awarded in the Republic of Ireland, have you received validation of your qualifications from the Department of Health (Ireland)? | | | | | | | | | | Yes | | | | | No | | |
|  | | | | |  | | |
| Under Directive 2005/36/EC my professional psychology qualification has been recognised by the Department of Health (Ireland) to be considered for employment in the Irish publicly funded health sector for the following discipline of psychology – *tick as appropriate* | | | | | | | | | | | | | | | | | |
| Clinical Psychology | |  | | Counselling Psychology | | | | | | |  | | Educational Psychology | | | |  |
| Date of validation (dd/mm/yy) | | | | | | | | | | | | |  | | | | |
| Candidates must have at least five years satisfactory postgraduate experience in the area of professional psychology. The five years (60 months) experience must comprise of no more than three years (36 months) of which was spent in gaining the post-graduate professional qualification and no less than two years (24 months) full time spent in post qualification experience as a professional Psychologist. Years in excess of the permitted three years for completion of the Post Graduate training or time not worked will not be taken into consideration when assessing the five years’ experience requirement**.**  **Please note that you must have achieved the 5 years’ experience at application stage.**  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 taken into consideration in determining your eligibility and / or a ranking exercise for this campaign* | | | | | | | | | | | | | | | | | |
| From Date (DD/MM/YY) | To Date  (DD/MM/YY) | | Average Monthly Hours | | | | Total Months | Employer | | | | | | Title of Post \* | | | |
|  |  | |  | | | |  |  | | | | | |  | | | |
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| Total Cumulative Months | | |  | | | | | | | | | | | | | | |

**Please refer to Appendix 6 of the Additional Campaign Information before completing this section of the application form.** Please note no changes can be accepted for your care group choice/s after the closing date and time for the submission of application forms i.e. Wednesday 9th October 2024 at 12 noon

**Section 1A – To be completed by Category C Applicants with a Counselling or Clinical Psychology Qualification only**

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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Disability (Child) - Supervised Placement 1 or Post Qualification Work Experience 1**  **\***By filling in this section, you are selecting the care area “Disability (Child)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Disability (Child) population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Disability (Child) - Supervised Placement 2 or Post Qualification Work Experience 2**  **\***By filling in this section, you are selecting the care area “Disability (Child)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Disability (Child) population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Disability (Child) - Supervised Placement 3 or Post Qualification Work Experience 3**  **\***By filling in this section, you are selecting the care area “Disability (Child)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Disability (Child) population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Disability (Adult) - Supervised Placement 1 or Post Qualification Work Experience 1**  **\***By filling in this section, you are selecting the care area “Disability (Adult)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Disability (Adult) population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Disability (Adult) - Supervised Placement 2 or Post Qualification Work Experience 2**  **\***By filling in this section, you are selecting the care area “Disability (Adult)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Disability (Adult) population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 A – Applicants with a Counselling or Clinical psychology qualification  **Disability (Adult) - Supervised Placement 3 or Post Qualification Work Experience 3**  **\***By filling in this section, you are selecting the care area “Disability (Adult)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Disability (Adult) population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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**Section 1 B – To be completed by Category C Applicants with an Educational Psychology Qualification only**

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| Section 1 B – Applicants with an Educational psychology qualification  **Disability (Child) - Supervised Placement 1 or Post Qualification Work Experience 1**  \*By filling in this section, you are selecting the care area “Disability (Child)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
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| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the (Educational) Disability - Child population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 B – Applicants with an Educational psychology qualification  **Disability (Child) - Supervised Placement 2 or Post Qualification Work Experience 2**  \*By filling in this section, you are selecting the care area “Disability (Child)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the (Educational) Disability - Child population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 B – Applicants with an Educational psychology qualification  **Disability (Child) - Supervised Placement 3 or Post Qualification Work Experience 3**  \*By filling in this section, you are selecting the care area “Disability (Child)”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the (Educational) Disability - Child population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |
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| Section 1 B – Applicants with an Educational psychology qualification  **Child Psychology - Supervised Placement 3 or Post Qualification Work Experience 3**  \*By filling in this section, you are selecting the care area “Child Psychology”. | | | | | | | | | | | | | | |
| From Date (dd/mm/year) | To Date (dd/mm/year) | | Please clearly mark which one of the below you are choosing to demonstrate your eligibility | | | | | | | | | | | |
|  |  | | Supervised client contact hours | | | | OR | Supervised clinical placement days | | | OR | | Post Qualification Work Experience | |
|  | | | |  | | |  | |
| Health setting please tick as appropriate: | | | | | | | | | | | | | | |
| Statutory & Voluntary Public Health Service | | Private Organisation | | | | Voluntary Organisation | | | | | | Other (please specify) | | |
|  | |  | | | |  | | | | | |  | | |
| Name of Health Setting:  *Please ensure you provide the name of the setting as given on the official letterhead of the organisation / agency* | | | |  | | | | | | | | | | |
| I was a direct employee of the above Health Setting | | | | Yes |  | | | | No | Self Employed | | | |  |
| Student | | | |  |
| Address of Health Setting: | | | |  | | | | | | | | | | |
| Name of Supervisor: | | | |  | | | | | | | | | | |
| Job title / Position of Supervisor: (e.g., Senior/Principal Psychologist) | | | |  | | | | | | | | | | |
| Qualification of Supervisor: | | | |  | | | | | | | | | | |
| Please demonstrate how your placement / post qualification work experience provided / will provide you with opportunities to acquire skills / apply assessment, formulation, intervention, evaluation and reporting with a range of clinical problems in terms of complexity and severity seen within the Educational Child Psychology population. Further information and documentation may be required and requested as part of the recruitment process in order to determine your eligibility. | | | | | | | | | | | | | | |

### 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).

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| **From** | **To** | **Title** | **Employer** |
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| **Professional Knowledge**  In this area we ask you to focus on your experience to date that is relevant to the role.  Please provide below specific details from your professional experience to date that you feel helps you meet the requirements for this post as detailed in the Job Specification.  **It is important that your answer to this question does not exceed 1 page.  The selection board will take your adherence to this limit into account when reviewing your application.**  You may wish to write paragraphs or bullet points that demonstrate how your unique experience is relevant to the requirements of this role.  Candidates must answer this question in the space provided below. Failure to complete this section may result in your application being deemed ineligible. Remember anything you say may be discussed in more depth at interview.  Please include dates, the name of your employer & department where you worked. | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
|  | |

### Data Privacy Statement

The National Recruitment Service is committed to protecting your privacy and takes the security of your information very seriously. The National Recruitment Service (NRS) aims to be clear and transparent about the information we collect about you and how we use that information.

* Information on the HSE NRS Candidate Data Privacy , is available at : [HSE NRS Candidate Privacy Statement](https://www.hse.ie/eng/staff/jobs/recruitment-process/candidate-privacy-notices-for-candidates-in-recruitment-process.html)
* Information on the General Data Protection Regulation is available at [HSE General Data Protection Regulation](https://www.hse.ie/eng/gdpr)
* Information on HSE record retention periods is available at <https://assets.hse.ie/media/documents/Record_Retention_Periods_Policy.pdf>

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 on the Additional Campaign Information) 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. For more information about making a protected disclosure to the HSE, please visit <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 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.”

**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 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 (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 you have indicated what post(s) you are interested in on page 4 |  |
| That the information you have provided in the Qualification/ Eligibility Criteria section clearly shows how your qualifications/ experience match the requirements. Dates should be clearly indicated i.e. DD/MM/YY, qualification titles etc. |  |
| That you have completed the Professional Knowledge question on page 21 |  |
| 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. |  |
| That you have downloaded and saved the Job Specification and Additional Campaign Information for future reference. | | |