# Competency Application Form

**Applicants Name:**

**Positions Applied For: Clinical Nurse Manager 1 – Palliative Care Unit (Blackrock)**

**Closing Date: Applications must be received no later than 9.00am on Tuesday 7th November 2017**

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| **How to Apply:**  To apply for this position please forward a completed Application Form, to Deirdre Congdon, Manpower Manager,Human Resources Department, Our Lady’s Hospice & Care Services, Harold’s Cross, Dublin 6w before closing date stated above. Please ensure that you include details of a current daytime contact number and/or e-mail address on your application.  Ensure that you save a copy of this form to your own computer before editing.  For email applications, please forward to [**hr@olh.ie**](mailto:hr@olh.ie)  **Applications must be submitted in typed format, or hand written clearly in block capitals**  **CURRICULUM VITAE WILL NOT BE ACCEPTED** |

Our Lady’s Hospice & Care Services is an Equal Opportunities Employer and welcomes applications from all sections of the community regardless of gender, age, race, religion, marital status, sexual orientation, disability, membership of the travelling community or family status.

Should you have any difficulty in completing this application form, please contact the Human Resources Department, Our Lady’s Hospice & Care Services, Harold’s Cross, Dublin 6w by ph.: 01 491 2594, fax: 497 4639 or by email: [hr@olh.ie](mailto:hr@olh.ie), so that we can assist you.

The information which you submit on this form will be treated as strictly confidential and all or part may be retained in a computerised system, in which case the Hospice will comply fully with the requirements of the Data Protection Act.

**PRIVATE AND CONFIDENTIAL**

**Position Details:**

***(Please use block capitals)***

**Position Applied For:**

**Where did you see this position advertised?**

**Personal Details:**

**Title**:

**Forename:**

**Surname:**

**Home Address**:

**Contact Number:**

**Email Address:**

**Questionnaire Section:**

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| **Do you require eligibility to work in Ireland? Yes  No  (please tick)** |
| **If yes, please provide details:** |

**A level of proficiency in the English language is a requirement of Our Lady’s Hospice & Care Services. Please rate your proficiency in the English language**:

Excellent  Good  Average  Fair  Poor

\* **IMPORTANT** Your proficiency in spoken English will be assessed at both shortlisting and interview stage of the recruitment process.

**Have you ever availed of a Redundancy/Early Retirement Scheme within the Public Sector? Yes**  **No**

**If yes, give full details:**

**Details of Current Employment:**

**Start Date:**

**Employer Name:**

**Employer Address**:

**Job Title:**

**Duties and Responsibilities of current post**:

**Notice Period:**

**Previous Employment Details:**

Include any training periods completed if appropriate, and any periods of unemployment.

(Continue on a separate sheet if necessary)

**Previous Employer 1:**

**Position**:

**Employer name and address:**

**Start Date: End Date:**

**Job Description**:

**Reason for Leaving:**

***Previous Employer 2:***

**Position**:

**Employer name and address:**

**Start Date: End Date:**

**Job Description**:

**Reason for Leaving:**

**Employment History (previous posts)**

*Please list all further previous posts beginning with the most recent including periods out of employment or training*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and address of Employer** | **Job Title** | **Start**  **Date** (mth/yr) | **End**  **Date** (mth/yr) | **Reason for leaving** | **Duties** |
|  |  |  |  |  |  |
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*If you have any gap(s) in your career history, please include and explain in the box below:*

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| --- |
|  |

**Essential Criteria**

Please refer to the Person Specification for this post in order to complete this section.

Information provided by the Applicant in this section will be used for shortlisting to the next stage of the recruitment process – please ensure you provide clear information on how you meet the Essential Qualifications and Experience criteria for this post.

#### *\*\* Candidates will be required to bring copies of Certificates to Interview*

**Essential Qualification: Professional Bodies**

**Name**:

**Grade of Membership:**

**Year Admitted: Expiration Date:**

**Membership Number:**

**Essential Qualification**

**Course Name:**

**Qualification:**

**Awarding Body:**

**Institute:**

**Country:**

**Duration: weeks/months/years**

**From Year: To Year:**

**Result:**

**Essential Experience**

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| **Evidence of consistent updating of clinical skills and knowledge:** |
| **Competent IT skills - Word, Excel, Power Point and e-mail:** |

**Desirable Criteria**

Please refer to the Person Specification for this post in order to complete this section.

Information provided by the applicant in this section may be used for shortlisting to the next stage of the recruitment process – please ensure you provide clear information on how you meet the Desirable Qualification and Experience criteria for this post.

**Desirable Qualification**

**Course Name:**

**Qualification:**

**Awarding Body:**

**Institute:**

**Country:**

**Duration: weeks/months/years**

**From Year: To Year:**

**Result:**

**Essential Criteria: Core Competencies**

Please refer to the Person Specification in order to complete this section of the application form.

Information provided by the Applicant in this section will be used for shortlisting to the next stage of the recruitment process – please provide on two examples of how you meet the Essential Core Competencies criteria for this post. Please ensure you provide clear factual information

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| **Competency 1 - Leadership – *Please provide an example that demonstrates how you use strong initiative:*** |
| **Competency 2 – Problem Solving and Decision Making- *Please provide an example that demonstrates your ability to make evidence based decisions:*** |

**Additional Information:**

Please provide details of any additional relevant achievements, whether personal or professional, gained to date:

Maximum 200 words

**References**

Two references will be required for all vacancies within Our Lady’s Hospice & Care Services. Please give details of two referees whom we may contact. Please note that we will not contact your referees without first informing you.

Referee 1 must be your current manager to whom you directly report to. Referee 2 must be the person who you reported to in previous positions. This person must have sanctioned and monitored your leave and performance.

OLH&CS will determine at reference stage if the referees provided are appropriate or if other referees may be required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1 (Employer/Manager/Supervisor)** | | | |
| Title: Mr./Mrs./Miss/ Ms./Dr/Other |  | | |
| First Name |  | | |
| Family Name |  | | |
| Role/Position |  | | |
| Company |  | | |
| Contact Address |  | | |
| E-mail address |  | | |
| Phone Number |  | | |
| Professional Relationship: | | | |
| Can we contact this referee prior to interview?  (Please tick answer that applies) | | Yes: | No: |
| **Referee 2 (Employer/Manager/Supervisor)** | | | |
| Title: Mr./Mrs./Miss/ Ms./Dr/Other |  | | |
| First Name |  | | |
| Surname |  | | |
| Role/Position |  | | |
| Company |  | | |
| Contact Address |  | | |
| e-mail address |  | | |
| Phone Number |  | | |
| Professional Relationship: | | | |
| Can we contact this referee prior to interview?  (Please tick answer that applies) | | Yes: | No: |

**Equal Opportunities:**

Our Lady’s Hospice & Care Services is an equal opportunities employer and operates a “Positive towards Disability” policy. Please indicate if you have any special requirements should you be invited to interview:

**Details of Special Requirements:**

## Important – Canvassing

Any canvassing by or on behalf of candidates may result in disqualification and exclusion from the recruitment process.

**Declaration:**

I 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 will 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 this application if provided in hardcopy format will render it invalid. However, if applying electronically you need to check the box below:**

**I confirm that I am in agreement with the statement above**

Name of Candidate: …………………………………… (Type in full name if applying by e-mail)

Signature: ……………………………………………….Date: ………………………………… (Insert Date)

**\*\* Once Application Form is completed, please review and ensure all information is correct. Do not change layout or format. However, please review the document for any unnecessary extra pages etc. and edit for presentation purposes as appropriate.**

**Recruitment Process:**

* Applicants will be shortlisted for interview based on the information supplied in the application form after the closing date.
* The criteria for shortlisting are based on the qualification, experience, core competencies and the information supplied in the application form.
* Presentation, content, spelling and grammar pertaining to your application form will be assessed as part of the shortlisting stage.
* If the form is illegible or incomplete this will result in your application being disqualified from the process
* All applicants will be responded to in due course.

If you require further information regarding this organisation, or the role for which you are applying, please contact:

#### Human Resources Department

Our Lady’s Hospice & Care Services

Harold’s Cross

Dublin 6w

**Tel**: 00 353 1 491 2594

#### Fax: 00 353 1 497 4639

**Email**: [hr@olh.ie](mailto:hr@olh.ie)