

**Confidential Application Form**

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| **APPLICATION FORM for the post of:**  **Regulatory Support Officer** | **Please indicate the location you are applying for by ticking the relevant box:**  **Cork** 🗖 **Galway** 🗖 **Dublin** 🗖 |

Please complete each section of this application as fully and as carefully as possible using black lettering as applications will be short-listed on the basis of the information provided on this form. It is imperative that all sections of this application form are completed in full.

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| 1. **Surname:** | **Other Names:** *(in full)*  **Title:** *Mr □ Ms □ Miss □ Other (please specify)* | |
| 1. **Address for Correspondence:** | | **Telephone:**  **Home:**  **Work:**  **Mobile:**  **Email:** |
| 1. **Work Permit:** Are there any legal restrictions on your right to work in this Country? Yes □ No □ (If yes, please supply details) | |
| 1. **Source of Application:**   *(Please state name of Newspaper, Periodical; Internet, Internal)* | | |
| **5. Have you previously availed of a Voluntary Early Retirement Scheme or any other Redundancy Scheme**  **in the Public Sector?**  **Yes □**  **No □**  **If yes, do the terms of the Scheme allow you to apply for this position?**  **Yes □**  **No □** | | |
| **6. Declaration:**  I understand that as a condition of employment, the information presented in this application form is correct to  the best of my knowledge.  **Signed:** **Date:**  *(Please note – if emailing application, signature not required)*  Please note that all personal data shall be treated as confidential in accordance with the Data Protection Acts 1988 & 2003. | | |
| This form should be completed and returned to:  [**https://www.sigmarrecruitment.com/clients/hiqa**](https://www.sigmarrecruitment.com/clients/hiqa)  **Closing Date: 5:00pm Thursday 3rd January 2019** | | |

**Please note that all correspondence will be via email unless otherwise stated.**

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| **7. Driving Licence**  Are you able and authorised to drive and have access to your own transport? Yes □ No □ |

| **8. Educational Information**  University or other Third Level Institute  Candidates should outline all details regarding Academic, Professional, Technical and Clinical Qualifications  ***Candidates will be required to produce evidence of qualifications on appointment*** | | | |
| --- | --- | --- | --- |
| Name of Institute | Years Attended  (DD/MM/YYYY)  To From | Qualification and NQF Level Obtained | Conferring Body | |
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| **9. Details of Experience**  *(Please list positions held, commencing with most recent employer, continuing on an extra sheet if necessary).*  *Please state for each position held if the role is Temporary, Permanent or Acting* | | |
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| Date  (DD/MM/YYYY)  From To | Name & Address of Employer and  Nature of Business | Job Title and Description of Duties with special emphasis on experience relevant to the post. Please include reason for leaving. |
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| **10. Further Particulars of Present Post**  Additional Information (successful candidates may be asked to supply documentary evidence in support of stated salary) | | | |
| Current Salary Scale: | | Additional Allowances: | |
| Present Remuneration: € | | Notice Required: | |
| **11. Membership of Professional Associations, Institutions, etc.** *(where appropriate)*  **11. a. Registration with relevant regulatory bodies**  Type of Registration :  Date of Expiry: Registration/Enrolment No: | | | |
| **12. Interview Arrangements (**Please provide details of any special arrangements in relation to either  communications or access which you may require at the interview centre): | | | |
| **13. Have you previously applied for a position in the Health Information and Quality Authority?**  If yes, please specify position applied for and date of application. | | | |
| **14. Particulars of Referees:** Please give the name and contact details of three work related referees, one of whom  must be your current line manager / employer. Please note that your referees will not be contacted without your  Permission. | | | |
| **Name** | **Position or Occupation** | | **Postal / E-mail Address. Tel. No.** |
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**Supplementary Information regarding Core Competencies**

In this section, we ask you to describe your experience and expertise in a number of core competencies as outlined in the job description*.* ***A max of 250 words for each competency (please note that anything above 250 words will not be considered).***

The information you provide will form part of the short listing process. Therefore, compose your replies carefully and try to structure what you write so that you give specific information about what you have done.

**1.   Professional Knowledge & Experience**

1. Please detail your experience of working in a health or social care service for older people or people with a disability. **(max 250 words)**
2. Please describe your experience of using a risk management framework to inform a judgment you made. **(max 250 words)**

**2. Analytical/Judgement Skills:**

1. Please give an example from your previous experience which demonstrates your ability to evaluate complex information from a variety of sources and to identify significant trends to inform decision making. **(max 250 words)**
2. **Operational Excellence:**
3. Please describe your experience of managing multiple demands, shifting priorities and ongoing change. **(max 250 words)**
4. Please describe a situation where you took personal responsibility to identify a solution to a team issue and drove the required change through to a positive conclusion in a timely way. **(max 250 words)**