

**Confidential Application Form**

|  |  |
| --- | --- |
| **APPLICATION FORM for the post of:****Regional Manager** **(Disability Services)**  | **Please select your preferred work location:****Galway 🗖 Cork 🗖 Dublin 🗖** **Home Working 🗖** |

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.

|  |  |
| --- | --- |
| 1. **Surname:**
 | **Other Names:** *(in full)* **Title:** *Mr □ Ms □ Miss □ Other (please specify)* |
| 1. **Address for Correspondence:**
 | **Preferred contact number:****Preferred contact email address:**  |
| 1. **Work Permit:** Are there any legal restrictions on your right to work in this Country? **Yes □ No □** (If yes, please supply details)
 |
| 1. **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 □** |
| **5. 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. |
| 1. **Application Link and Closing Date:**

This form should be completed and returned to: [**www.sigmarrecruitment.com/hiqa**](http://www.sigmarrecruitment.com/hiqa) **CLOSING DATE: 5pm Monday 6th May 2019** |

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

| **7. 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 Obtained | Conferring Body |
|  |  |  |  |

| **8. Details of Experience** *(Please list positions held, commencing with most recent employer, continuing on extra sheet if necessary).* *Please state for each position held if the role is Temporary, Permanent or Acting*  |
| --- |
| Date(DD/MM/YYYY)From To | Name & Address of Employer andNature of Business | Job Title and Description of Duties with special emphasis on experience relevant to the post. Please include reason for leaving. |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **9. Overview of Eligibility Criteria:**Please indicate your 3 years’ experience working in a management role in a health or social care service; regulatory or other setting relevant to this post.Please detail below (in months) your experience to date that demonstrates that you fulfil the above eligibility criteria. **Please note that the information supplied here will be used to determine your eligibility for this campaign.** |
| **From Date** **00/00/00**  | **To Date****00/00/00** | **Total Months**  | **Employer** | **Title of Post** |
| ***e.g****. 05/06/11* | *05/06/14* | *36* | *HIQA* | *Regional Manager (Disability Services)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Cumulative Months:** |  |  |

**9. Additional Information** Notice Required from current post:  |
| **10. Membership of Professional Associations, Institutions, etc.** *(where appropriate)***10. a. Registration with relevant regulatory bodies**Type of Registration :Date of Expiry: Registration/Enrolment No: |
| **11. Interview Arrangements (**Please provide details of any special arrangements in relation to either  communications or access which you may require at the interview centre |

**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. ***(250 words for each competency 1, 2 and 3 – please note that anything above 250 words may not be considered).***

The information you provide will form part of the short listing process, where necessary, and may also be used to help structure your interview, if you are invited to one. Therefore, compose your replies carefully and try to structure what you write so that you give specific information about what you have done.

1. ***Management:***

*Please detail your experience in performance managing and quality assuring the work of teams, to ensure compliance with individual, team and organizational objectives.* ***(max 250 words)***

1. ***Individual Accountability:***

*Please detail your experience of proactively identifying and implementing improvements to work practices as required.* ***(max 250 words)***

1. ***Knowledge / Expertise:***

*Please detail your experience of developing and implementing effective governance arrangements in a health or social care setting.* ***(max 250 words)***