**An Garda Síochána**

****

**APPLICATION FORM**



Open Competition for Appointment of

**Occupational Health Nurse**

**(CNM2/CNS level)**

**Garda Headquarters, Dublin 8**

An Garda Síochána is committed to a policy of equal opportunity.

This competition will be run in compliance with the Codes of Practice prepared by the Commission for Public Service Appointments (CPSA) – available on [www.cpsa.ie](http://www.cpsa.ie)

CONTACT: An Garda Síochána HR Directorate Athlumney House, Johnstown, Navan, Co. Meath C15 ND62. Email: [HRPD.StaffCompetitions@garda.ie](mailto:HRPD.StaffCompetitions@garda.ie)



|  |  |
| --- | --- |
| **Closing Date & Time** | **17:00 on Friday 19th May, 2023** |
| **Return application forms by email to** | [hrpd.staffcompetitions@garda.ie](mailto:hrpd.staffcompetitions@garda.ie) with subject heading:  **Occupational Health Nurse (insert your name)** |
| **Anticipated Interview Date(s)** | Due to the urgent nature of the posts interviews will take place as soon as possible once the closing date has passed. |

**SECTION 1: APPLICANT DETAILS**

|  |  |
| --- | --- |
| Position Applied For: | **Occupational Health Nurse** |
| Campaign Reference No.: |  |
| **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 & category) |
|  |

**European Economic Area (EEA)**

Are you an EEA (European Economic Area) National? Yes  No

**If you are a non-EEA citizen you must provide the requested documentation to support your application**. Please see SECTION 4: Eligibility to Compete in the information booklet for details of documentation required document for further information and for a definition of an EEA National.

Do you require any special facilities to assist with your participation in any stage of this competition? (Yes/No)

|  |
| --- |
| If “Yes”, please specify: |

\* Candidates should note that **all communications relating to this competition** from An Garda Síochána, including the provision of results, **will issue to the email address provided**.

**IMPORTANT NOTE:**

Candidates should note that the information presented in this application form will play a central part of any short-listing process.

# SECTION 2: QUALIFICATIONS & ELIGIBILITY CRITERIA

Please indicate below how your qualifications and professional experience meet the eligibility criteria for the role. **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 complete each section below.

**1. Registered in the General Division of the Register of Nurses & Midwives maintained by Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland - NMBI) or entitled to be so registered.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration** | **Please tick as appropriate**  **to your current**  **status** | **Pin Number** | **Date entered on the register DD/MM/YY** |
| I am a fully qualified General Nurse with active NMBI registration in the General division of the Register of Nurses kept by NMBI |  |  |  |
| I am a fully qualified General Nurse registered with a European Authority other than the NMBI |  |  |  |
| I am a fully qualified General Nurse registered with a non-European Authority |  |  |  |

*Note: Seeking registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) is the responsibility of the applicant. Please read Appendix 1 Additional Campaign Information for more information on registration*

**And**

**2a. Please indicate your 3 years’ post registration experience. Please note that you must have achieved the 3 years’ (36 Months) experience no later than the closing date for this campaign.**

**Please indicate the date of receipt of your first nursing registration in the format DD/MM/YY: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

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 used to determine your eligibility for this campaign.** If you work in a part-time capacity please list your monthly hours and total months of work as they are. Please do not make whole time equivalent calculations.

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

**AND**

**2b. The above years’ experience must include 2 years in the speciality or related area of Occupational Health. Please indicate below your 2 years in this area. Please note that you must have achieved the 2 years (24 Months) no later than the closing date for this campaign.**

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

\*If it is not clearly evident from the Title of the Post that it satisfies the eligibility criteria please provide further detail in the box below:

**AND**

**3. CONTINUING PROFESSIONAL DEVELOPMENT**

**Please provide details below of your continuing professional development e.g. training days, courses completed etc.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Completed**  **From MM/YY** | **Educational Institution**  **(if applicable)** | **Name of Course / Training etc.** | **Course / Training Duration** | **Qualification Achieved**  **(if applicable)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# SECTION 3: 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).

|  |  |  |  |
| --- | --- | --- | --- |
| **Date from** | **Date to** | **Title & department** | **Employer name & address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SECTION 4: STATEMENT OF SUITABILITY

|  |
| --- |
| **Experience Relevant to The Role**  Please provide below specific details from your experience to date that you feel help you meet the requirements for this post as detailed in the Information Booklet. Please note that the information supplied here will be taken into consideration in determining your eligibility and / or shortlisting / ranking for this campaign.  *Please include dates, the name of your employer & department where you worked and details as to how you meet the requirements specified in the eligibility and ‘key requirements’ section of the Information Booklet.* |

|  |  |
| --- | --- |
| **Please demonstrate your depth and breadth of experience in the area of Occupational Health nursing as relevant to the role.** | |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |  |
|  | |

**SECTION 5. 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:**

**SECTION 6: Candidate Declaration**

|  |  |
| --- | --- |
| **Open Competition for Appointment to the position of**  **Occupational Health Nurse**  **in**  **An Garda Síochána**  **CANDIDATE DECLARATION**  I wish to apply for the post of Occupational Health Nurse in An Garda Síochána.  I declare that the information contained in this application form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading I could be disqualified from the selection process.  I have read and fully understand the eligibility criteria and confirm that I satisfy all requirements. | |
| Signature: |  |
| Print Name: |  |
| Date: |  |
| All parts of the application form must be completed in Word document format and submitted by **17:00 on Friday, 19th May, 2023** by way of email to [hrpd.staffcompetitions@garda.ie](mailto:hrpd.staffcompetitions@garda.ie) with subject heading: **Occupational Health Nurse (insert your name)** | |

**General Data Protection Regulation (GDPR) & Data Protection Act, 2018.**

Personal data provided by candidates shall only be processed for the purposes specified in this document, and within a clearly defined lawful basis under the (EU) General Data Protection Regulation (GDPR) ((EU) 2016/679) and the Data Protection Acts 1988/2018.

All necessary measures will be put in place to ensure personal data is kept safe and secure, and only relevant personal data will be processed. Personal data will be retained for no longer than is necessary to achieve the purpose for which it has been obtained.

**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 qualifications/ experience match 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 SECTION 4: Eligibility to Compete in the information booklet 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. | | |