**An Garda Síochána**

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**APPLICATION FORM**



Open Competition for Appointment to the role of

**Occupational Health Physician**

in An Garda Síochána,

Garda Headquarters, Phoenix Park,

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



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| **Closing Date & Time** | **17:00 on 6th October, 2023** |
| **Return application forms by email to** | hrpd.staffcompetitions@garda.ie with subject heading:**Occupational Health Physician (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**

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| Position Applied For: | **Occupational Health Physician**  |
| Campaign Reference No.: |  |
| **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) |  |
| Drivers Licence*:*(Please state type & category) |
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**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)

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| 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. **Hold registration with the Medical Council in Ireland and hold a MFOM or equivalent in the Speciality of Occupational Medicine.**

**Essential Qualifications**

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| --- | --- | --- | --- |
| **Registration** | **Please tick as appropriate to your current registration status**  | **Registration Number** | **Date of Registration**  |
| I am registered with the Medical Council in Ireland.  |  |  |  |
| I hold a MFOM or equivalent in the Speciality of Occupational Medicine. |  |  |  |

**Desirable Criteria**

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| --- | --- | --- | --- |
| **Registration** | **Please tick as appropriate to your current registration status**  | **Registration Number** | **Date of Registration**  |
| I am registered as a specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in the Speciality of Occupational Medicine.  |  |  |  |
| I am entitled to be registered as a specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in the Speciality of Occupational Medicine. |  |  |  |

1. **Educational Achievements**

**Please list your second level and any (additional) third level educational achievements.**

**Please refer to the QQI website,** [**https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications**](https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications)**, to determine what level your qualification(s) is at on the National Framework of Qualifications.**

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| **Dates****From/To** | **Educational Institution** | **Conferring****Body** | **Course of Study** | **Qualification Level on the NFQ** *(Please insert n/a if not applicable to your Course of Study)* | **Qualification Achieved** |
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**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).

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| --- | --- | --- | --- |
| **From** | **To** | **Title** | **Employer** |
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**SECTION 4: POST SPECIFIC REQUIREMENTS**

**In this area we ask you to focus on your experience to date that is relevant to the role.  Please indicate below how your professional experience meets the eligibility criteria for this post.  This section will be assessed by a board of Senior Managers to consider your experience as it is relevant to the role.  Information you provide in this section and in other areas of the application form may be used as part of a short listing exercise and may be discussed in more depth at interview, should you be called to one.**

* **In this section it is important that your answers do not exceed 1 page per eligibility criteria.  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.  Please provide clear answer(s) that demonstrate the depth and breadth of your experience in the area(s) below, reflective of the requirements of this post.**
* **Please complete each section below. As you complete each section we recognise there will be an overlap in the employer and date periods.**

|  |
| --- |
| 1. **Please demonstrate your depth and breadth of knowledge and experience in Occupational Medicine as relevant to the role.**
 |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
|  |
|  |
| 1. **Please demonstrate your depth and breadth of experience working in a multi-disciplinary team with other medical, nursing and paramedical personnel in the specialist area of Occupational Medicine/Occupational Health as relevant to the role.**
 |
| **Date(s) from – Date(s) to** | **Employer(s) & Department Name** |
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**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**

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| **Open Competition for Appointment to the position of****Occupational Health Physician****in****An Garda Síochána****CANDIDATE DECLARATION**I wish to apply for the post of Occupational Health Physician 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, 6th October, 2023** by way of email to hrpd.staffcompetitions@garda.ie with subject heading: **Occupational Health Physician (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.

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| Mobile Telephone NumberEmail AddressPostal 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. |