**Employment Application Form**

**Team Lead: Patient Advocacy Service**

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| **POST APPLIED FOR:** | **Team Lead** |

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| **LOCATION(S):**  **Please Specify:** | **Dublin or Cork** |

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| **SECTION 1: PERSONAL DETAILS** | |
| **First Name:** |  |
| **Surname:** |  |
| **Correspondence Address:** |  |
| **Email Address:** |  |
| **Contact Telephone Number:** |  |

**The position entails some travel; therefore, access to use of a car, a current full driver’s licence, valid car insurance and a valid NCT certificate are essential requirements for the post. You will be asked to provide employer indemnity by way of a Letter of Indemnity from your motor insurance company.**

***Do you have access to a car, current full drivers’ licence and valid car insurance requirements as outlined above?* Yes  No**

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| ***Are there any restrictions on your right to work in the Republic of Ireland?*** | **Yes** |  | **No** |  |

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| **SECTION 2: PERSONAL STATEMENT**  ***Please provide a brief summary of your relevant experience and interest in applying for this role (maximum 500 words).*** |
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| **SECTION 3: EDUCATIONAL QUALIFICATIONS** | | | |
| **Title of Award** | **University/College/School** | **Dates of Attendance** | **Final Exam Subjects and Overall Results** |
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| **SECTION 4: PROFESSIONAL QUALIFICATIONS AND MEMBERSHIPS (IF ANY)** |
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| **SECTION 5: INFORMATION TECHNOLOGY SKILLS**  ***Please tick the boxes that apply to you and provide details where asked.*** | | | | |
| **Software Type** | **No Knowledge** | **Limited Familiarity** | **Extensive Knowledge** | **Qualification Obtained (please specify the type)** |
| **Microsoft Word** |  |  |  |  |
| **Microsoft Excel** |  |  |  |  |
| **Microsoft Outlook** |  |  |  |  |
| **Microsoft PowerPoint** |  |  |  |  |
| **Database/Electronic Case Management System** |  |  |  | **Name of software:** |
| **Other (please specify)** |  |  |  |  |

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| **SECTION 6: COMMUNITY/VOLUNTARY EXPERIENCE (IF ANY)** | |
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| **SECTION 7: EMPLOYMENT HISTORY**  ***Please complete a new section for each post held, even within the same organisation. Start with your most recent employment.*** | |
| **Job Title** |  |
| **Employer Name and Address** |  |
| **Hours of Work**  *Please tick the relevant box.* | **Part Time  Full Time  Flexi** |
| **Contract Dates** | **Start Date:**  **Finish Date:** |  |
| **Main Duties and Responsibilities** | |
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| **Key Achievements** | |
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| **Reason for Leaving** | |
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| **SECTION 7: EMPLOYMENT HISTORY (CONTINUED)** | |
| **Job Title** |  |
| **Employer Name and Address** |  |
| **Hours of Work**  *Please tick the relevant box.* | **Part Time  Full Time  Flexi** |
| **Contract Dates** | **Start Date:**  **Finish Date:** |
| **Main Duties and Responsibilities** | |
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| **Key Achievements** | |
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| **Hours of Work**  *Please tick the relevant box.* | **Part Time  Full Time  Flexi** |
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| **Job Title** |  |
| **Employer Name and Address** |  |
| **Hours of Work**  *Please tick the relevant box.* | **Part Time  Full Time  Flexi** |
| **Contract Dates** | **Start Date:**  **Finish Date:** |
| **Main Duties and Responsibilities** | |
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| **Key Achievements** | |
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| **Reason for Leaving** | |

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| **SECTION 8: KEY COMPETENCIES FOR THE ROLE**  ***For each of the competency areas below, briefly highlight specific achievements, contributions or expertise you have developed from your career to date, which demonstrate your suitability to meet the challenges of this role. Please also provide relevant examples for each competency. Further details of the competencies are provided in the application pack for this role (maximum 300 words per section).***  ***\*Please note that failure to complete each competency will deem the application as incomplete.*** |
| 1. ***Specialist knowledge and self-development*** |
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| 1. ***Effective Communication and Interpersonal Skills*** |
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| 1. ***Analysis and Decision Making*** |
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| 1. ***Planning and Coordinating and Service Monitoring*** |
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| 1. ***Teamwork and Collaboration*** |
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| 1. ***Drive and commitment to the Patient Advocacy Service’s Core Values*** |
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| **SECTION 9: REFERENCES**  ***Please give the names and addresses of two people who have agreed to act as referees for you. One referee must be someone from your current or most recent employer with knowledge of your skills and experience.*** |
| **Do you require notification before your referees are contacted? Yes  No**  ***Please note that references will not be taken up without the applicant’s consent.*** |

**1st Referee**

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| **Name** | **Title** | **Company** | **Contact Details** |
|  |  |  | Telephone:  Email: |

**2nd Referee**

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| **Name** | **Title** | **Company** | **Contact Details** |
|  |  |  | Telephone:  Email: |

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| **SECTION 10: APPLICANT DECLARATION** |
| *I declare to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration, misleading statement or significant omission may disqualify me from employment and render me liable to dismissal. I understand that a medical may form part of this recruitment process and that any job offer is subject to satisfactory references, garda vetting and sight of educational awards relied upon in this application or at interview and successful completion of a probationary period.*  **Signed (type or write):** **Date:**  ***Data Protection***  *All personal information provided on this application form will be stored securely by the National Advocacy Service and will be used for the purposes of the recruitment process. Application forms will be retained for a period of eighteen months, and in the case of a successful candidate, for the duration of employment and a minimum of one year thereafter. The information may be made available to the Manager of the Service, members of the Board of the National Advocacy Service and to the Shortlisting/Interviewing Panel. You may, at any time, make a request for access to the information held about you as outlined. Should you wish to make any changes, or erasures to any of the information stored about you, please contact the Manager of the service.*   |  |  | | --- | --- | | **DISCLOSURE OF CONVICTIONS** | | | (a) Has any action been taken against you or have you been subject of an investigation in regard to a child under the age of 18 and/or vulnerable adult? | Yes  No | | (b) Are you at present the subject of criminal charges or investigation? | Yes  No | | (c) Is there anything in your background that would render you unsuitable to work with children or vulnerable adults in a relevant organisation? | Yes  No | | **IF THE ANSWER IS ‘YES’ TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS** | | | The successful candidate may not commence employment until satisfactory garda vetting has  been obtained as part of our Recruitment process. A criminal record will not necessarily bar  you from obtaining this position. | | |
| **APPLICATION PROCEDURE** |
| * The completed application form should be emailed (as attachment) to [recruitment@patientadvocacyservice.ie](mailto:recruitment@patientadvocacyservice.ie) (stating ‘TL’ in the subject line) * Closing date and time: **2pm on Wednesday 28th September 2022** – CV’s, Late or incomplete applications will not be accepted. * Receipt of your application will be acknowledged by email. |