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| **All sections to be completed in full** | | | | | | | | | | |
| G:\WrldCom\Coombe logos\NewCoombeLogo.jpg | | | | | | | | | | |
| **APPLICATION FORM FOR THE POST OF PERMANENT FULL TIME**  **SENIOR CLINICAL ENGINEERING TECHNICIAN** | | | | | | | | | | |
| **APPLICATIONS FORMS SHOULD BE SUBMITTED THROUGH** [**www.coombe.ie**](http://www.coombe.ie) **BEFORE THE CLOSING DATE OF FRIDAY 4TH AUGUST 2017** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Post Reference No:** | | **SET0717** | | | | | | | | |
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| **Where did you see this post advertised?** | | Please select one | | | | | | |  | |
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| **PERSONAL DETAILS** | |  | | | | | | | | |
| **First Name:** | | Type First Name here | | | | | | | | |
|  | | | | | | | | | | |
| **Last Name:** | | Type Last Name here | | | | | | | | |
|  | | | | | | | | | | |
| **Postal address for correspondence:** | | Type Line 1 of Address here | | | | | | | | |
|  | | Type Line 2 of Address here | | | | | | | | |
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|  | | Type Line 4 of Address here | | | | | | | | |
|  | | Type Line 5 of Address here | | | | | | | | |
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| **Telephone No:** | Type Telephone No. here | **Mobile No:** | | | Type Mobile No. here | | | | | |
|  | | | | | | | | | | |
| **Email Address:** | | Type Email Address here | | | | | | | | |
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| **Notice period required by current employer:** | | Please select one | | | | | | |  | |
|  | | | | | | | | | | |
| **Citizenship Status:** | | **Irish** ☐ | | **EEA Country ☐** | | | | | | **Other ☐** |
|  | | | | | | | | | | |
| **If “Other” please specify:** | | Type Nationality here | | | | | | | | |
| **Is there any restrictions on your right to work in Ireland:** | | **Yes ☐** | | | | **No ☐** | | | | |
|  | | | | | | | | | | |
| **If “Yes” please give details** | | Type details here | | | | | | | | |
|  | |  | | | | | | | | |
| **If you are a Non EEA Citizen do you hold a valid Garda National Immigration Bureau Card?** | | **Yes ☐** | | | | | | **No ☐** | | |
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| **If “Yes” please indicated category and expiry date:** | | Please select one | | | | | | **Expiry Date:** Click or tap to enter a date. | | |
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| \*See Appendix 1 for Definition of EEA Country  NB- If you are a non EEA citizen you MUST provide the documentation outlined in Appendix 1 to support your application. Where required documents are not supplied applications will be considered incomplete and will not be processed any further. | | | | | | | | | | |
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| In keeping with the Coombe Women and Infants University Hospital commitment to the principles of the Garda Clearance and Trust in Care Policies, you are respectfully asked to advise the Hospital of any information, which might have a bearing on your suitability for this post within the context of these policies. It is noted that termination of employment may result in the event of information subsequently coming to light, which was not disclosed and which might have implications for your suitability for the post within the parameters of these policies. | | | | | | | | | | |
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| **Have you ever been convicted of a criminal offence?** | | | **Yes ☐** | | | | **No ☐** | | | |
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| **If “Yes” please give details** | | | Type details here | | | | | | | |
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| **I confirm that I am satisfied that there isn’t any information to be disclosed as outlined above** | | | **Yes ☐** | | | | **No ☐** | | | |
| **Or** | | | | | | | | | | |
| **I wish to put forward the following information for consideration:** | | | Type details here | | | | | | | |
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| **Please see Appendix 2 for information on Security Clearance** | | | | | | | | | | |
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| **What is your native language:** | | | Type details here | | | | | | | |
|  | | | | | | | | | | |
| **What other languages do you speak?** | | | Type details here | | | | | | | |
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| **Are you proficient in English?** | | | **Yes ☐** | | | | **No ☐** | | | |
|  | | | | | | | | | | |
| **Please indicate your ILETS rating** | | | Type ILETS rating here | | | | | | | |

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| **EDUCATION / QUALIFICATIONS / RECORD OF CONTINUOUS PROFESSIONAL DEVELOPMENT** | | | | | |
| **Qualification Title** | **Course Duration** | **Name of School/College/Institute** | **Subjects/Grades in Final Examination** | **Dates Attended** | |
| **From** | **To** |
| Type details here | Type details here | Type details here | Type details here | Select Date | Select Date |
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| **EMPLOYMENT RECORD (PLEASE COMMENCE WITH CURRENT POSITION)** | | | | | | |
| **Employer** | **From** | **To** | **Position Held** | **Brief Description of Duties** | **Head of Department** | **Reason for Leaving** |
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| **DETAILS OF MEMBERSHIP OF ANY PROFESSIONAL / ASSOCIATION / INSTITUTE** | | | |
| **Professional Association:** | Type details here | | |
|  | |  | |
| **Certificate of Registration No:** | Type details here | **Registration Type:** | Please select one |
|  |  |  |  |
| **Expiry Date:** | Click or tap to enter a date. |  |  |

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| **CAREER INTENTIONS** |
| **Why have you applied for this post?** |
| Type details here |

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| **FURTHER DETAILS** |
| **Any further information you may wish to provide to support your application, which might include leisure time hobbies/interests relevant to this post or details of Published Work.** |
| Type details here |

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| **REFERENCES** | | | | | | | |
| **Please give three referees (including your current employer). We retain the right to contact all previous employers.** **Please obtain permission from your referees prior to nominating them.** | | | | | | | |
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| **Do you wish us to contact you prior to contacting your referees?** | | | **Yes ☐** | | | **No ☐** | |
|  | | | | | | | |
| **1. Name and Job Title of Referee:** | | | Type Name and Job Title here | | | | |
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| **Professional Relationship to candidate:** | | | Type Relationship to candidate here | | | | |
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| **Postal Address:** | | | Type Line 1 of Address here | | | | |
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| **Telephone No:** | Type Telephone No. here | | **Mobile No:** | | Type Mobile No. here | | |
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| **Email Address:** | | | Type Email Address here | | | | |
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| **2. Name and Job Title of Referee:** | | | Type Name and Job Title here | | | | |
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| **Professional Relationship to candidate:** | | | Type Relationship to candidate here | | | | |
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| **Telephone No:** | Type Telephone No. here | | **Mobile No:** | | Type Mobile No. here | | |
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| **Email Address:** | | | Type Email Address here | | | | |
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| **3. Name and Job Title of Referee:** | | | Type Name and Job Title here | | | | |
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| **Professional Relationship to candidate:** | | | Type Relationship to candidate here | | | | |
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| **Telephone No:** | Type Telephone No. here | | **Mobile No:** | | Type Mobile No. here | | |
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| **Email Address:** | | | Type Email Address here | | | | |
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| **DECLARATION** | | | | | | | |
| **I understand that as a condition of employment, the information presented in this application form is correct to the best of my knowledge.** | | | | | | | |
|  | | | | | | | |
| **Signature:** | | Type details here | | **Date:** | | | Click or tap to enter a date. |

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| **Recruitment and Selection General Information Notes for potential applicants** |
| * **Please enclose \_\_\_1\_\_\_\_\_ copy of Curriculum Vitae.** * **Where possible, applications will be acknowledged upon receipt, however it may not be feasible to acknowledge applications for high volume recruitment competitions.** * **Candidates are respectfully advised that canvassing will disqualify.** * **The Hospital Board regrets that it cannot be responsible for any expenses a candidate may incur in participating in the recruitment and selection process.** * **It may be appropriate, in some recruitment competitions, to introduce an objective shortlisting procedure based on the qualifications and experience required for the post.** * **Any referees provided in this application form may be contacted for references as part of the recruitment and selection process. Candidates are respectfully requested to obtain permission from referees prior to providing the referee’s contact details on the application form.** * **The Coombe Women and Infants University Hospital is an equal opportunities employer.**   **For Appendix 1 and 2 please see below** |

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| **APPENDIX 1** |
| **Information for Non-European Economic Area Applicants**  While the Coombe Women & Infants University Hospital is an equal opportunities employer, in line with current Department of Jobs, Enterprise and Innovation Employment Permit requirements, applications from non European Economic Area (EEA) will only be considered in the event that an EEA citizen cannot be found to fill the vacancy. A full explanatory list of the required documentation at application stage to be provided by Non EEA Applicants can be found in Appendix 1.  (i) **EEA Nationals**  EEA nationals who do not require work permits / visas / authorizations are nationals of the following countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, The Netherlands, Portugal, Spain, Sweden, United Kingdom, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia, Norway, Iceland, Liechtenstein, Switzerland, Bulgaria and Romania.  (ii) **NON-EUROPEAN ECONOMIC AREA APPLICANTS WHO RESIDE WITHIN THE STATE.**  In order that we can process your application it will be necessary for you to submit the following scanned documentation:  A scanned copy of your passport showing your identification and immigration stamp showing you have permission to be in this State.  **And**  A scanned copy of your certificate of registration (GNIB card showing Stamp 4/ 4EUfam, Stamp 5).  **Or**  A scanned copy of your certificate of registration (GNIB card showing Stamp 3) and scanned copies of the following:   * Marriage/Civil Partnership Certificate     **And**   * Spouses passport showing their identification and immigration stamp 1, 4 or 5   ***Applications that are not accompanied by the above documents where necessary will be considered incomplete and will not be processed any further.***  This means that your application will not be included in the short-listing for interview process.  For more details on EEA countries please see visit the Department of Jobs, Enterprise and Innovation website [www.djei.ie](http://www.djei.ie) |

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| **APPENDIX 2** |
| **Applicants who have resided overseas for a period of 6 months or more:**  **PLEASE NOTE: Garda clearance covers addresses in the Republic of Ireland and Northern Ireland only.**  If you have resided in countries outside of the Republic of Ireland and Northern Ireland for a period of 6 months or more, it will be mandatory to have a Police Clearance Certificate from those countries stating that you have no convictions recorded against you while residing there. You will need to provide a separate Police Clearance Certificate for each country you have resided in. Clearance must be dated after the date you left the country/countries.  **Overseas clearances can take a period of time to obtain. We strongly recommend you begin this process now**.  Note: Candidates who studied outside of Ireland e.g. in the UK, please pay particular attention to this. You will require UK disclosure to cover the entire period you were in the UK. Clearance must be dated afteryou left the UK.  The following websites may be of assistance to you in this regard:  **United Kingdom**  London:  <http://content.met.police.uk/Site/infomationaboutyourself>  [Metropolitan Police Service - Your right to information](http://www.met.police.uk/information/)  [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk)  <http://www.south-wales.police.uk/more-about-us/your-right-to-information/data-protection/>  [www.north-wales.police.uk](http://www.north-wales.police.uk)  The <http://www.police.uk/forces/> website will provide you with a link to each police force site in the UK. Click on the relevant force covering the area where you resided. A search under Data Protection or Data Access Request or Subject Access Request will bring you to the relevant section of that Police Forces website.  <https://www.gov.uk/browse/working/finding-job> (This website will provide you with a list of registered agencies to contact in the UK who may process your request for UK clearance with the Criminal Records Bureau).  **Australia**  [www.afp.gov.au](http://www.afp.gov.au) This website will provide you with information on obtaining a national police clearance certificate for Australia  **New Zealand**  [www.courts.govt.nz](http://www.courts.govt.nz) This website will provide you with information on obtaining police clearance in New Zealand.  **United States of America**  Please note that valid Security/Overseas Clearance from the USA must be obtained from the **FBI only,**  [**http://travel.state.gov/travel/tips/emergencies/emergencies\_1201.html**](http://travel.state.gov/travel/tips/emergencies/emergencies_1201.html)  FBI Clearance is valid for all of the United States and convictions / remarks occurring anywhere in the United States would be noted. Individual US State Clearance (e.g., New York State Clearance) is not acceptable as it is valid for that State alone and convictions / remarks occurring in other States may or may not be noted.  **Other Countries**  For other countries not listed above you may find it helpful to contact the relevant embassies who could provide you with information on seeking Police Clearance.  When requested, a copy of your overseas Clearance will be retained on file and the original returned to you.  **Note: Any costs incurred in this process will be borne by the candidate.** |