**Application Form**

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| POST: | Clerical Officer | REFERENCE NUMBER: | MHCEX02 |

Candidates must clearly outline on their application form how their qualifications and experience meet each competency to ensure equality of opportunity for all applicants:

* Application forms should be completed in no smaller than size 10 font.
* Applications should only be submitted by email to **mhc@osborne.ie** with the subject line titled ‘MHCEX02’.
* If you have a disability and this precludes you from completing this application form and/or submitting it by the closing date, please contact HR at **mhc@osborne.ie**for alternative arrangements and/or reasonable adjustments.
* Please read the candidate information booklet, which provides useful information about the requirements of this post.
* Responses in excess of the 200-word limit, late or incomplete applications will not be considered.
* In order to be considered for this post, candidates must submit this completed application form **on or before 28 April 2024**

| **1. PERSONAL DETAILS** | |
| --- | --- |
| **Applicant Name** |  |
| **Postal Address** |  |
|  |
| **Phone Number** |  |
| **Email** |  |

| **2. EMPLOYMENT HISTORY (Most recent first)** | | | |
| --- | --- | --- | --- |
| **Employer Name** |  | | |
| **Employer Address** |  | | |
| **Position** |  | | |
| **Start Date** (Day, Month and Year) |  | **End Date** (Day, Month and Year) |  |
| **Brief Summary  of Role** (Max 200 words – please note only the first 200 words will be considered as part of the application) |  | | |
| **Reason for Leaving** |  | | |
| **Employer Name** |  | | |
| **Employer Address** |  | | |
| **Position** |  | | |
| **Start Date** (Day, Month and Year) |  | **End Date** (Day, Month and Year) |  |
| **Brief Summary of Role**  (Max 200 words – please note only the first 200 words will be considered as part of the application) |  | | |
| **Reason for Leaving** |  | | |
|  | | | |
| **Employer Name** |  | | |
| **Employer Address** |  | | |
| **Position** |  | | |
| **Start Date** (Day, Month and Year) |  | **End Date** (Day, Month and Year) |  |
| **Brief Summary  of Role**  (Max 200 words – please note only the first 200 words will be considered as part of the application) |  | | |
| **Reason for Leaving** |  | | |

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| **3. Educational Qualifications & Training (Most recent first)** | | |
| **Qualifications / Award** | **Institution** | **Year** |
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| **4. Membership of Professional Bodies (If Applicable)** | | |
| **Professional Body** | **Level of Membership and Membership Number** |
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| **5. Evidence of Experience**    **Specific examples should be used to demonstrate experience.**  **(Max 200 words – please note only the first 200 words will be considered as part of the application)** | | | | | |
| **1. Teamwork**  Using a specific example, please outline your experience of being involved in a team where you encouraged full participation of other team members (Max 200 words) | | | | | |
| *Office Use Only* | 0 | 1 | 2 | 3 | 4 |
|  | | | | | |

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| **2. Information Management/Processing**  Using a specific example, please outline your experience of processing information and how you followed procedures (Max 200 words) | | | | | |
| *Office Use Only* | 0 | 1 | 2 | 3 | 4 |
|  | | | | | |
| **3. Delivery of Results**  Using a specific example, please outline how you delivered results on a key task relevant to this role(Max 200 words) | | | | | |
| *Office Use Only* | 0 | 1 | 2 | 3 | 4 |
|  | | | | | |
| **4. Customer Service and Communication Skills**  Using a specific example, please outline your experience of managing a challenging situation with a customer (Max 200 words) | | | | | | |
| *Office Use Only* | | 0 | 1 | 2 | 3 | 4 |
|  | | | | | | |
| **5. Specialist Knowledge, Expertise and Self-Development**  Please outline the specialist knowledge you would bring to the role of Clerical Officer, specifically in relation to working with Microsoft Office (Max 200 words) | | | | | | |
| *Office Use Only* | 0 | 1 | 2 | 3 | 4 |
|  | | | | | | |

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| **6. General Information** | |
| **Meets the Right to Work criteria as detailed in the Candidate Information Booklet** | **Tick as applicable**:    **Yes**:   \_\_\_                                       **No**: \_\_\_ |

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| **7. Declaration** | |
| By submitting this completed form for the role of Clerical Officer, you are confirming that all information provided in this application is true and correct and that you have read and agree the conditions of appointment outlined in the Candidate Information Booklet for this post. Please be aware that should any of the information provided in this application be found to be false, misleading or inaccurate in any material way, the Mental Health Commission reserves the right to withdraw any offer of employment made to you or, if you have already commenced employment when this is discovered, to terminate your employment. | |
| **Signature** |  |
| **Name** |  |
| **Date of Submission** |  |