**Application Form**

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| POST: | Executive Officer | REFERENCE NUMBER: |  MHCEX03 |

Candidates must clearly outline on their application forms 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 ‘MHCEX03’.
* 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** |
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| **Applicant Name** |  |
| **Postal Address** |  |
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| **Phone Number** |  |
| **Email** |  |

| **2. EMPLOYMENT HISTORY (Most recent first)** |
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| **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. People Management**Using a specific example, please outline your experience of leading a team or encouraging full participation of a team (Max 200 words)  |
| *Office Use Only*  | 0  | 1  | 2  | 3  | 4  |
|                   |
| **2. Analysis and Decision Making**Using a specific example, please outline your experience of investigating a work-related issue, including the analysis and evaluation of the information you used to reach a decision (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 accurately and on time(Max 200 words) |
| *Office Use Only*  | 0  | 1  | 2  | 3  | 4  |
|                       |
| **4. Interpersonal and Communication Skills**Using a specific example, please outline your experience of working with different types of stakeholders internal and external to an organisation (Max 200 words)   |
| *Office Use Only*  | 0  | 1  | 2  | 3  | 4  |
|                 |
|  **5. Specialist Knowledge, Expertise and Self-Development**Please outline the specific contributions or achievements from your career to date that clearly demonstrate your suitability to meet the requirements of this role (Max 200 words)  |
| *Office Use Only*  | 0  | 1  | 2  | 3  | 4   |
|                     |
| **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 Executive 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**  |   |