**Application Form**

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| POST: | Mental Health Tribunals Manager | REFERENCE NUMBER: | MHCEX12 |

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 ‘MHCEX12’.
* 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 job description (see 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 5.00 pm on Thursday, 12 December 2024.**

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

| **2. EMPLOYMENT HISTORY (Most recent first)**  **Please copy and paste the blank table to include additional employment records as necessary** | | | |
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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. Analysis and Decision Making**  Using a specific example, please outline your experience of identifying, analyzing and evaluating data that was used to inform decision making (Max 200 words) |
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| **2. Management and Delivery of Results**  Using a specific example, please outline your experience of managing and delivering a project on time and to a high standard(Max 200 words) |
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| **3. Team Leadership**  Using a specific example, please outline your experience of managing staff performance and development  (Max 200 words) |
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| **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) |
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| **5. Specialist Knowledge, Expertise and Self Development**  Please outline the specific achievements, contributions or expertise you have developed from your career to date that clearly demonstrates your suitability to meet the requirements of this role (Max 200 words) |
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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 Mental Health Tribunals Manager, you are confirming that all information provided in this application is true and correct and that you have read 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** |  |