Application form for the post of

Head of Corporate Affairs

As this application will be photocopied, please use block letters or type

# Section A

**Candidate name** (First name and surname)

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**Address for correspondence**

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**Contact details**

|  |  |
| --- | --- |
| Home |  |
| Work |  |
| Mobile |  |
| Email address |  |

# Section B: Education and Professional Qualifications

Please provide full details of all your relevant educational, professional, training and development experience in the sections below.

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| --- | --- | --- | --- |
| **Dates**  **From/To** | **Educational Institution** | **Course of Study** | **Qualification Achieved** |
|  |  |  |  |

**Membership of professional associations, institutions, etc. (if appropriate)**

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# Section C: Employment Record

Please ensure your full career history is clearly outlined below (e.g. if you took a career break, spent time out of work, please include this information so there are **no gaps in your career history** from when you left full-time education to present date).

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| --- | --- | --- | --- |
| **From** | **To** | **Title** | **Employer** |
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**Detailed Career History - please begin by listing the most recent first**

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| --- | --- | --- |
| Name/Address of employer |  | |
| Title of Post |  | |
| Dates (from-to) |  | |
| Number of staff reporting to you |  | |
| Reason for leaving |  | |
| Description of main responsibilities |  | |
|  | |  |

|  |  |  |
| --- | --- | --- |
| Name/Address of employer |  | |
| Title of Post |  | |
| Dates (from-to) |  | |
| Number of staff reporting to you |  | |
| Reason for leaving |  | |
| Description of main responsibilities | |  |
|  | |  |

|  |  |  |
| --- | --- | --- |
| Name/Address of employer |  | |
| Title of Post |  | |
| Dates (from-to) |  | |
| Number of staff reporting to you |  | |
| Reason for leaving |  | |
| Description of main responsibilities | |  |
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| --- | --- | --- |
| Name/Address of employer |  | |
| Title of Post |  | |
| Dates (from-to) |  | |
| Number of staff reporting to you |  | |
| Reason for leaving |  | |
| Description of main responsibilities | |  |
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| --- | --- | --- |
| Name/Address of employer |  | |
| Title of Post |  | |
| Dates (from-to) |  | |
| Number of staff reporting to you |  | |
| Reason for leaving |  | |
| Description of main responsibilities | |  |
|  | |  |

# Section D: Job Specific Competencies

1. **Leadership**
2. **Analysis and Decision making**
3. **Management and Delivery of Results**
4. **Interpersonal and Communication Skills**
5. **Specialist Knowledge, Expertise and Self Development**
6. **Drive and Commitment to Public Service Values**

Using the spaces below, for each of the above areas of competence, please briefly highlight specific achievements, contributions or expertise you have developed, from your career to date, which clearly demonstrates your suitability to meet the challenges at this level.

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| **Leadership (max 300 words)** |
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| **Analysis and Decision Making (max 300 words)** |
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| **Management and Delivery of Results (max 300 words)** |
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| **Interpersonal and Communication Skills (max 300 words)** |
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| **Specialist Knowledge, Expertise and Self Development (max 300 words)** |
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| **Drive and Commitment to Public Service Values (max 300 words)** |
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# Section F: Other Information

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| Please specify what other experience, involvements and/or special qualities you have which you feel equip you for this position in the Health Insurance Authority |
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# Section G: Particulars of Referees

Please give details of those from whom assessments as to your suitability for the post may be sought

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| --- | --- | --- | --- |
| Name | Position or occupation | Address | Email/Fax |
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# Section H: Declaration

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| In submitting this application form, 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 any job offer is subject to successfully securing satisfactory references, evidence of qualifications and successful completion of required probationary period.  I consent to personal data being processed as stated above. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | **Date:** |  |