Candidate number (for official use)

**Recruitment Application Form**

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| **Position** | | **Senior Legal Assistant Regulatory Affairs** | | | | | | | |
| **Closing date** | | **7th May, 2021 at 12 noon** | | | | | | | |
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| **Form completion and submission process:**   1. Type all your details and answers into the relevant sections of the form. 2. You are required to submit your completed application form together with a covering letter outlining your suitability for the role, either as a Word or PDF document by email to [cam@hia.ie](mailto:cam@hia.ie) on or before the stated closing time for this completion. 3. Late applications will not be considered. 4. The decision to include you on any shortlist of candidates going forward to the next stage of the selection process will be determined based on the information you supply in this form. This information will be discussed in more depth, should you be called to interview. | | | | | | | | | |
| **Section 1: Personal contact details:** | | | | | | | | | |
| **Name** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Email** | |  | | | | | | | |
| **Phone/Mobile** | |  | | | | | | | |
| **Section 2: Academic, professional or technical qualifications**  Insert details of all your education and/or most relevant qualifications (start with your most recent qualification first). | | | | | | | | | |
| **College, university or examining authority** | | **Results/degree/**  **qualifications obtained** | | | **Year qualification was obtained** | | **Grade**  **obtained (e.g. Pass, Honour, 2:2, 2.1, 1 etc)** | | |
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| **Section 3: Employment experience**  Provide below, in date order (starting with your current/most recent employer first), full details of all employment experience between the date of leaving school or college and the present date. No period between these dates should be left unaccounted for (exact dates to be given). Insert additional rows if necessary. | | | | | | | | | |
| **Name of division/ branch/company etc.** | | **Title of post held** | | **Brief description of duties** | | | **From**  **mm/yyyy** | | **To**  **mm/yyyy** |
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| **Section 4: Key achievements**  In this section we are interested in finding out what you consider to be the key strengths and achievements, which make you particularly suitable for this position having regard of the ‘essential requirements’ and the Health Insurance Authority’s specific competencies as set out in the Information Booklet for this position.  For each of the headings below, please briefly highlight specific key achievements, contributions or expertise you have developed over your career to date that demonstrate your suitability to meet the challenges of this position.  Consider carefully the information provided in the Candidate Information Booklet before completing this section.  Provide examples of how you meet these requirements. **(max 300 words for each category below)** | | | | | | | | | |
| **1** | **Team Leadership** | (Type your response here) | | | | | | | |
| **2** | **Analysis and Decision making** | (Type your response here) | | | | | | | |
| **3** | **Management and Delivery of results** | (Type your response here) | | | | | | | |
| **4** | **Interpersonal and Communication skills** | (Type your response here) | | | | | | | |
| **5** | **Drive and commitment to public service values** | (Type your response here) | | | | | | | |
| **6** | **Specialist knowledge, expertise and self development** | (Type your response here) | | | | | | | |
| **Section 5: Personal statement** | | | | | | | | | |
| **Include here a personal statement that specifies** any other relevant experience, qualities or attributes in addition to the information provided in section 5 that you believe support your application for this position **(max 500 words).**  (Type your response here – max 500 words) | | | | | | | | | |
| **Section 6: References**  Provide the name and contact details of up to three character references one of which should be a recent employer. References will only be contacted if you are being offered a position. | | | | | | | | | |
| **Name** | | | **Organisation** | | | **Email** | | **Phone** | |
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| **Section 7: Declaration** | | | | | | | | | |
| By submitting your application to the Health Insurance Authority for this position you are declaring that the information provided in this form is correct and that you give permission to the Authority to make enquiries to establish any matters in relation to this application and for the release of any information necessary in connection with this application. This may include enquiries to past/present employers e.g. references.  Provision of false information on this application form could lead to disqualification from the competition and/or termination of contract. | | | | | | | | | |