

Application Form

POST: Inspectorate Administrator	REFERENCE NUMBER: MHCEX26
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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 'MHCEX26'.
- 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 person specification (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 before **5pm on Wednesday, 7 December 2022**

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			

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			

3. EDUCATIONAL QUALIFICATIONS & TRAINING (Most recent first)		
Qualifications / Award	Institution	Year

4. MEMBERSHIP OF PROFESSIONAL BODIES (If Applicable)	
Professional Body	Level of Membership and Membership Number

5. EVIDENCE OF EXPERIENCE									
<p>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)</p> <p>1. People Management Using a specific example, please outline your experience of leading a team or encouraging full participation within a team (Max 200 words)</p>									
<i>Office Use Only</i>					0	1	2	3	4

2. Analysis and Decision Making

Using a specific example, please outline your experience of investigating a customer concern, including the analysis and evaluation of the information you used to reach a decision (Max 200 words)

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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)

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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 specialist knowledge you would bring to the role of the Inspectorate Administrator, specifically in relation to dealing with confidential information and managing difficult phone calls from external stakeholders (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: ____

7. DECLARATION

By submitting this completed form for the role of Inspectorate Administrator, 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