

Employment Application Form

Finance Officer: Patient Advocacy Service

POST APPLIED FOR:	Finance Officer
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LOCATION(S):	Dublin
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SECTION 1: PERSONAL DETAILS	
First Name:	
Surname:	
Correspondence Address:	
Email Address:	
Contact Telephone Number:	

The position entails some travel; therefore, access to use of a car, a current full driver's licence, valid car insurance and a valid NCT certificate are essential requirements for the post. You will be asked to provide employer indemnity by way of a Letter of Indemnity from your motor insurance company.

Do you have access to a car, current full drivers' licence and valid car insurance requirements as outlined above? Yes No

Are there any restrictions on your right to work in the Republic of Ireland? Yes No



SECTION 2: PERSONAL STATEMENT

Please provide a brief summary of your relevant experience and interest in applying for this role (maximum 500 words).

SECTION 3: EDUCATIONAL QUALIFICATIONS

Title of Award	University/College/School	Dates of Attendance	Final Exam Subjects and Overall Results

SECTION 4: PROFESSIONAL QUALIFICATIONS AND MEMBERSHIPS (IF ANY)

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SECTION 5: INFORMATION TECHNOLOGY SKILLS

Please tick the boxes that apply to you and provide details where asked.

Software Type	No Knowledge	Limited Familiarity	Extensive Knowledge	Qualification Obtained (please specify the type)
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Database /Electronic Case Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of software:
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 6: COMMUNITY / VOLUNTARY EXPERIENCE (IF ANY)

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SECTION 7: EMPLOYMENT HISTORY

Please complete a new section for each post held, even within the same organisation. Start with your most recent employment.

Job Title

Employer Name and Address

Hours of Work
Please tick the relevant box.

Part Time **Full Time** **Flexi**

Contract Dates

Start Date:
Finish Date:

Main Duties and Responsibilities

Key Achievements

Reason for Leaving

SECTION 7: EMPLOYMENT HISTORY (CONTINUED)



Job Title	
Employer Name and Address	
Hours of Work <i>Please tick the relevant box.</i>	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Flexi <input type="checkbox"/>
Contract Dates	Start Date: Finish Date:
Main Duties and Responsibilities	
Key Achievements	
Reason for Leaving	
SECTION 7: EMPLOYMENT HISTORY (CONTINUED)	
Job Title	
Employer Name and Address	



Hours of Work <i>Please tick the relevant box.</i>	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Flexi <input type="checkbox"/>
Contract Dates	Start Date: Finish Date:
Main Duties and Responsibilities	
Key Achievements	
Reason for Leaving	
SECTION 7: EMPLOYMENT HISTORY (CONTINUED)	
Job Title	
Employer Name and Address	
Hours of Work	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Flexi <input type="checkbox"/>



<i>Please tick the relevant box.</i>	
Contract Dates	Start Date: Finish Date:
Main Duties and Responsibilities	
Key Achievements	
Reason for Leaving	
SECTION 7: EMPLOYMENT HISTORY (CONTINUED)	
Job Title	
Employer Name and Address	
Hours of Work <i>Please tick the relevant box.</i>	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Flexi <input type="checkbox"/>
Contract Dates	Start Date: Finish Date:



Main Duties and Responsibilities	
Key Achievements	
Reason for Leaving	



SECTION 8: KEY COMPETENCIES FOR THE ROLE

For each of the competency areas below, briefly highlight specific achievements, contributions or expertise you have developed from your career to date, which demonstrate your suitability to meet the challenges of this role. Please also provide relevant examples for each competency. Further details of the competencies are provided in the application pack for this role (maximum 300 words per section).

**Please note that failure to complete each competency will deem the application as incomplete.*

1. Specialist knowledge and self-development

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2. Management Skills

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3. Delivery of Results and Organisational Skills

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4. Analysis and Decision Making

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5. Interpersonal and Communication Skills

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6. Drive and commitment to PAS Core Values

SECTION 9: REFERENCES	
<i>Please give the names and addresses of two people who have agreed to act as referees for you. One referee must be someone from your current or most recent employer with knowledge of your skills and experience.</i>	
Do you require notification before your referees are contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please note that references will not be taken up without the applicant's consent.</i>	

1st Referee

Name	Title	Company	Contact Details
			Telephone: Email:

2nd Referee

Name	Title	Company	Contact Details
			Telephone: Email:

SECTION 10: APPLICANT DECLARATION

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 a medical may form part of this recruitment process and that any job offer is subject to satisfactory references, garda vetting and sight of educational awards relied upon in this application or at interview and successful completion of a probationary period.

Signed (type or write):

Date:

Data Protection

All personal information provided on this application form will be stored securely by the National Advocacy Service and will be used for the purposes of the recruitment process. Application forms will be retained for a period of eighteen months, and in the case of a successful candidate, for the duration of employment and a minimum of one year thereafter. The information may be made available to the Manager of the Service, members of the Board of the National Advocacy Service and to the Shortlisting/Interviewing Panel. You may, at any time, make a request for access to the information held about you as outlined. Should you wish to make any changes, or erasures to any of the information stored about you, please contact the Manager of the service.

DISCLOSURE OF CONVICTIONS

(a) Has any action been taken against you or have you been subject of an investigation in regard to a child under the age of 18 and/or vulnerable adult?	Yes <input type="radio"/> No <input type="radio"/>
(b) Are you at present the subject of criminal charges or investigation?	Yes <input type="radio"/> No <input type="radio"/>
(c) Is there anything in your background that would render you unsuitable to work with children or vulnerable adults in a relevant organisation?	Yes <input type="radio"/> No <input type="radio"/>

IF THE ANSWER IS 'YES' TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS

The successful candidate may not commence employment until satisfactory garda vetting has been obtained as part of our Recruitment process. A criminal record will not necessarily bar you from obtaining this position.



APPLICATION PROCEDURE

- The completed application form should be emailed (as attachment) to recruitment@patientadvocacyservice.ie (stating 'FO' in the subject line)
- Closing date and time: **Thursday 17th July 2024 @ 2pm** – CV's, Late or incomplete applications will not be accepted.
- Receipt of your application will be acknowledged by email.