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| **Expression of Interest (EoI)**  **Panel of Qualification Assessors**  **APPLICATION FORM** | Nursing and Midwifery Board of Ireland |

Only information submitted on the application form will be considered. CV’s will not be accepted. All sections of the form must be completed.

Information given will be used only for the purposes of this application and will be treated in a confidential manner. The form will be a part of the selection criteria. Illegible forms may be withdrawn.

**Expressions of Interest Form - Instructions for completing**

1. The completed expressions of interest form must be completed and submitted by email to [assessors@nmbi.ie](mailto:assessors@nmbi.ie), to arrive **not later than 17.00, 30 June 2020.**

Forms received after the deadline date and time will not be accepted.

1. Whilst the essential criteria of the Role and Person description will be the basis for short-listing, elements of the desirable criteria may on occasions also be included.
2. This expression of interest form has been devised to enable the short-listing process and relates directly to the criteria outlined in the role and person description. Failure to provide sufficient information/detail in response to the direct questions could result in your application not being short-listed, due to a lack of information.
3. Please Note: The form must be completed in full. Incomplete or handwritten forms will not be accepted. Please ensure that you include all relevant information in your form. Applications may be shortlisted on the basis of their content.
4. **PERSONAL DETAILS**

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| **SURNAME:** | **FIRST Names:** |
| **Contact Address:** | **E-Mail:** |
| **Home Telephone Number:** | **Mobile Telephone Number:** |
| **Are you eligible to work in this country? (Please answer yes or no)**  **If no, please give details:** | |
| **PIN NO:** | |

1. **EDUCATION / QUALIFICATIONS / TRAINING/ Membership of Professional Bodies/Associations**

Please give details of your most relevant qualifications and please ensure you include the result

**ICT SKILLS**

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| Package | SKILL LEVEL *(PLEASE TICK TO INDICATE SKILL LEVEL)* | | | |
| **None** | **Basic** | **Advanced** | **Expert** |
| ms Word |  |  |  |  |
| ms PowerPoint |  |  |  |  |
| ms Excel |  |  |  |  |
|  |  |  |  |  |
| OTHER  *(provide detail)* |  |  |  |  |

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| **Dates**  (most recent first)  **From To** | **Name of College/ Institute/ School** | **Course Taken/ Qualification Awarded** | **Result** |
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**You may be required to produce evidence of your qualifications**

1. **EMPLOYMENT HISTORY**

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| **MOST RECENT EMPLOYMENT POSITION**  **For your current or most recent employment position, please provide the following details:** | |
| **Name of Employer *(please also describe the nature of the business)*:** | |
| **Address and telephone number:** | |
| **Position Held:** | |
| **Describe main duties, responsibilities and achievements:** | |
| **Dates of Appointment** | **From: To:** |
| **Reason for leaving:** | |

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| **PREVIOUS EMPLOYMENT.**  **Please give particulars of all employment since your full-time education, starting with the appointment immediately preceding that described above.** | | | |
| **Dates**  **From To** | **Employer Name and Address** | **Position Held and Main Responsibilities & Key Achievements** | **Reason for Leaving** |
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**5. ADDITIONAL INFORMATION**

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| **FURTHER INFORMATION**  **Please include information/ skills that you believe are relevant to your application, having carefully considered the essential requirements and experience required for this Panel** |
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**6. COMPETENCIES**

The following section asks you to provide an overview of how you meet the skills and experience

required for the Panel..

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| **SPECIALIST KNOWLEDGE, EXPERTISE AND SELF DEVELOPMENT**  **Briefly outline how you meet the knowledge and experience requirements that are essential and for panel members role as listed in the EoI, give some examples. Please ensure that your application demonstrates the following:**   * a minimum of five years relevant experience in nursing/midwifery; * a minimum of five years professional experience in the delivering and evaluating of nursing/midwifery education programmes.   **Also, briefly explain your knowledge of Nursing and Midwifery Board of Ireland Please try to complete in 300 words or less.** |
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| **DELIVERY OF RESULTS**  **Please give an example of a time that you consider best illustrates your ability to deliver results in busy, challenging circumstances within a similar organisation.**  **Briefly explain the scenario and how you demonstrated the relevant administrative skills.** |
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| **COMMUNICATION SKILLS**  **Briefly explain the scenario and how you establish and maintain good lines of communication with relevant parties.** |
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**SECTION 8 – DECLARATION**

I hereby certify and declare that:

1. All of the information that I have provided on this form has been honestly and accurately articulated to the best of my knowledge and belief.
2. I have not canvassed any member or employee of NMBI. I have not asked anyone else to canvas on my behalf. I will not undertake, seek or consent to any such canvassing.
3. I do not know, or am not aware, of any conflict or potential conflict of interest, which would prevent my appointment as a Panel Member on the Panel of Qualification Assessors, Registration.

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure that you have provided all of the information for which you have been asked. A candidate found to have given false information or to have wilfully suppressed any material fact will be liable to disqualification or, if appointed, to dismissal.

Please note that all personal data shall be treated as confidential in accordance with the Data Protection Acts.

**NMBI IS AN EQUAL OPPORTUNITIES EMPLOYER**

***NOTE: Receipt of forms will be acknowledged. Unsuccessful applicants will be informed following confirmation of an appointment.***