**Application Form**

**Role: Inspector Grade III – Chemical Regulatory Scientist and Stakeholder Support**

You can submit your completed Application Form by clicking "Apply for Job" at [www.consciatalent.com/hsa](http://www.consciatalent.com/hsa). Please note that Cover Letters and CVs are not required and should not be submitted. No enquiries or canvassing may be made to the Authority.

* In order to be considered for this post, candidates must submit this completed application form before **11th April 2023 at 17:00 GMT.**
* Candidates must clearly outline on their application forms how their qualifications and experience meet each of the essential and desirable requirements.

# Applicant Details

|  |  |
| --- | --- |
| Applicant Name |  |
| Phone Number |  |
| Email |  |
| Preferred Location (Please select up to a maximum of 2 locations) | **Location** | **Mark with (X)** |
| Dublin |  |
| Athlone |  |
| Cork |  |
| Galway |  |
| Kilkenny |  |
| Limerick |  |
| Sligo |  |
| Waterford |  |
|  |

Employment History

Include most recent first – please include as an appendix to this application form any further employment history that you wish to add.

|  |  |
| --- | --- |
| Employer Name |  |
| Employer Address |  |
| Position |  |
| Start Date |  |
| End Date |  |
| Brief Summary of role*(Max 200 words – please note only the first 200 words will be considered as part of the application)* |  |

|  |  |
| --- | --- |
| Employer Name |  |
| Employer Address |  |
| Position |  |
| Start Date |  |
| End Date |  |
| Brief Summary of role*(Max 200 words – please note only the first 200 words will be considered as part of the application)* |  |

|  |  |
| --- | --- |
| Employer Name |  |
| Employer Address |  |
| Position |  |
| Start Date |  |
| End Date |  |
| Brief Summary of role*(Max 200 words – please note only the first 200 words will be considered as part of the application)* |  |

|  |  |
| --- | --- |
| Employer Name |  |
| Employer Address |  |
| Position |  |
| Start Date |  |
| End Date |  |
| Brief Summary of role*(Max 200 words – please note only the first 200 words will be considered as part of the application)* |  |

# Educational Qualifications and Training

Most recent first

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qualification | NFQ Level | Academic Institution | Major Subject | Dates of Study | Grade Obtained | Year Conferred |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# Membership of Professional Bodies

If applicable

|  |  |
| --- | --- |
| Professional Body | Level of Membership and Membership Number |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Evidence of Experience

For each of the criteria below, briefly describe what you consider to be a good example of demonstrating your ability in this area.

**Essential Criteria**

|  |
| --- |
| ***Please demonstrate how you meet the following criteria: A* *Minimum of two years relevant work experience in a regulatory or industry setting*** *(Max 3*00 *words)* |
|  |

**Desirable Criteria**

|  |
| --- |
| ***Please demonstrate how you meet the following criteria: Experience and knowledge of REACH and CLP*** *(Max 300 words)* |
|  |

|  |
| --- |
| ***Please demonstrate how you meet the following criteria: Awareness raising activities*** *(Max 300 words)* |
|  |

# General Information

|  |  |
| --- | --- |
| The right to work within the European Union (EU) (Yes/No): |  |
| Do you hold and maintain a current Driving Licence valid for driving in Ireland (Yes/No)? |  |
| Where did you see the role advertised? |  |
| Are you proficient in the Irish language? (Yes/No) *Candidates who indicate that they are proficient may if called to final interview be required to undergo a test in order to verify their ability to communicate effectively in Irish.*  |  |

| **Reasonable Accommodation** |
| --- |
| *Candidates who indicate that they would like to avail of reasonable accommodations will be contacted directly by a member of our HR team, and may be asked to submit a medical report, the purpose of which is to provide information to act as a basis for determining reasonable accommodations where appropriate.* |
| Please indicate whether you would like to avail of reasonable accommodations by ticking either Yes/No:   | [ ]  Yes | [ ]  No |

# Referees

Minimum of two referees required related to your previous employment

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Organisation and Position Held | Relationship to you | Contact Details |
|  |  |  | Email: |
|  |  |  | Email: |
|  |  |  | Email: |
|  |  |  | Email: |
| Do you require notification before your referees are contacted? (Yes/No): |  |

# Application Declaration

All information provided in this application is, to the best of my knowledge, true and correct. By submitting this application, I consent for the Health and Safety Authority to use my personal data contained in this application form for recruitment purposes. I understand that should any of the particulars furnished in this application be found to be false or misleading, it may lead to my application being rejected or, if I have already been appointed, to my dismissal. I also authorise the Health and Safety Authority to request copies of my academic transcripts and/or verify the authenticity of my qualifications with the academic institutions listed in Education Qualifications above.

|  |  |
| --- | --- |
| Application submitted Electronically (Yes/No): |  |
| Signature |  |
| Print Name |  |
| Date of Submission |  |

For further information on how we use your personal data, please see our privacy notice.

***Please read the information relating to the post you are applying for when completing this application and ensure you have checked your application for grammar and spelling.***