

**Application Form**

**Expression of Interest in being appointed as Medical Assessor to Health Committee Panel**

Please provide us with as much information as you feel will assist the selection process. We suggest that you consider and refer to the key attributes and experience required for the role as set out in the Expressions of Interest Information Booklet.

**Section A: Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  | **Medical Council registration no.** |  |
| **Year of Qualification:** |  | **Years Practising:**  |  |
| **Address:** |  | **Phone**  |  |
| **Email** |  |

|  |
| --- |
| Section B: Education and Career History  |

|  |
| --- |
| Outline your relevant qualifications and training\* (insert additional rows as required). |
| Date of qualification | **Name of qualification and awarding institution** |
|  |  |
|  |  |
|  |  |

\*You may be required to produce evidence of your qualifications upon request.

|  |
| --- |
| Outline your relevant career history  |
| Dates | **Role** | **Place of work** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Outline any research interests, publications** (topic, publication, date), awards and accolades. |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

**SECTION C: Competencies**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Provide specific examples of how you believe you meet the six competencies required for the role of as outlined in the Information Booklet.

|  |  |  |
| --- | --- | --- |
| **No.** | **Competency** | **Evidence** **(Word count: max 250 words per competency)** |
| 1 | **A clear understanding of and commitment to public protection** |  |
| 2 | **A proven ability to work collaboratively and constructively with others** |  |
| 3 | **Understanding of or interest in regulatory/legislative environments or frameworks** |  |
| 4 | **Ability to analyse information and use effective judgement to make fair and reasoned decisions** |  |
| 5 | **Ability to communicate effectively with good interpersonal skills** |  |
| 6 | **Understands and values diversity and fair treatment** |  |

  |

|  |
| --- |
| Outline any other relevant information and skills that you would like us to consider in assessing your application  |
|  |

**SECTION D: Membership of Committees or Groups**

|  |
| --- |
| Please outline any memberships or other involvements you have. |
| **Name of organisation/committee/group** | **Your role (if applicable)** |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION E: Commitment and Availability**

Outline briefly why you are interested in serving as a Medical Assessor to the Health Committee.

|  |
| --- |
|  |

**SECTION D: Declaration**

I hereby certify and declare that:

1. All of the information that I have provided on this form is correct and honestly represented to the best of my knowledge and belief.
2. I have not canvassed any member or employee of PSI in relation to this Expression of Interest and 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, or any other reason which would prevent my appointment as a Medical Assessor.
4. I will maintain my registration with the Medical Council for the duration of any appointment to the Panel.
5. I will declare as soon as I become aware of it, any matter which may impact my appointment and the exercise of my duties as a Medical Assessor which may arise during this Expression of Interest process.
6. I have sufficient capacity to accept instructions and to act as a Medical Assessor for the PSI if appointed to the Panel under this process and accept the fee scale as set out in the Information Booklet.

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

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

Please send the completed application form by email to eoimedicalassessor@psi.ie with the subject line ‘Medical Assessor Expression of Interest’. Only applications made using this form will be accepted and CVs submitted separately will not be considered. Applications should be submitted no later than 5pm on **Friday, 31st January 2025**.

Note that we may later request that you provide us with the names of referees who can vouch for you.