

**Application Form**

**Name**:

**Position applied for**:

**E-mail address:**

**Telephone number:**

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| **Practical details** |
| **Do you hold a third level qualification at a minimum of Level 8 on the NFQ??** | **Yes** [ ]  **No** [ ]  |
| **Please provide details** |  |
| **Do you have professional experience in a healthcare discipline/environment with a demonstrable track record of continuing professional development.** | **Yes** [ ]  **No** [ ]  |
| **Do you have a minimum of 10 years of relevant professional experience** | Choose an item. |
| **If yes, please provide details:** |  |
| **Do you require sponsorship, now or in the future, to work in Ireland?** | **Yes** [ ]  **No** [ ]  |
| **If yes, please provide details:** |  |
| **Do you have any special requirement, in relation to either communications or access, should you be invited to interview?** | **Yes** [ ]  **No** [ ]  |
| **If yes, please provide details:** |  |
| **Where did you see this position advertised?** |  |
| **Do you consent for your data to be used and stored as part of the recruitment process for this position?** | Choose an item. |

**Thank you for your interest in the PSI – the Pharmacy Regulator.**

Please send a completed Application Form, Cover Letter and C.V. to recruitment@psi.ie