**Mental Health Commission**

**WAM Placements 2024**

**Application Form**

**Post:** Temporary Clerical Officer (WAM Placement) with the Enduring Power of Attorney Support Team in the Decision Support Services division of the Mental Health Commission.

**Reference Number:** WAM Placement

**Important Information**

Candidates must clearly outline on their application form how their qualifications and experience meet each competency to ensure equality of opportunity for all applicants:

* Please read the job description which provides useful information about the requirements of this post.
* Please contact wam@ahead.ie if you require any reasonable accommodations to complete the application or require an alternative format of the application form.
* Application forms should be completed in no smaller than size 10 font.
* Late or incomplete applications will not be considered.
* Where specified, answers should be a maximum of 200 words. In instances where the answer given is longer than this, only the first 200 words will be considered.
* Candidates must submit this completed application using their online account on AHEAD’s [WAMWorks database](https://www.ahead.ie/wamworks) before the closing date of 12pm on Wednesday 28 August 2024.

# Personal Details

|  |  |
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| **Applicant Name** |  |
| **Postal Address** |  |
| **Phone Number** |  |
| **Email** |  |

#  Career History

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Address** |  |
| **Position** |  |
| **Dates**  |  |
| **Brief Summary of Role** (Max 200 words ) |  |

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| --- | --- |
| **Organisation Name** |  |
| **Address** |  |
| **Position** |  |
| **Dates**  |  |
| **Brief Summary of Role** (Max 200 words ) |  |

**Please enter any other additional work experience below: (max 200 words)**

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# Educational Qualifications and Training (detail most recent first)

The candidate must possess, by the application closing date, a Level 6 or higher on the [National Framework of Qualifications](https://nfq.qqi.ie/)

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| **Name of Qualification** | **NFQ Level**  | **Awarding Body or Institution** | **Year Obtained**  |
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# Membership of Professional Bodies (if applicable)

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| **Professional Body** | **Level of Membership and Membership Number** |
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# Experience, Skills and Competencies

Please use specific examples to demonstrate your experience, you can include experiences from education, paid employment, voluntary work or other activities.

Each answer should be a maximum of 200 words and only the first 200 words of each will be considered as part of the application

## **Teamwork**

Using a specific example, please outline your experience of being involved in a team where you encouraged full participation of other team members (Max 200 words)

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## **Information Management/Processing**

Using a specific example, please outline your experience of processing information including the procedures or protocols you followed (Max 200 words)

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## **Delivery of Results**

Using a specific example, please outline how you delivered results on a key task relevant to this role (Max 200 words)

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## **Customer Service and Communication Skills**

Using a specific example, please outline your experience of managing a challenging situation with a customer (Max 200 words)

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# General Information

Please answer **Yes** or **No**

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| --- | --- |
| **Do you meet the Eligibility to Compete criteria as detailed in the** [**Candidate Information Booklet**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ahead.ie%2Fuserfiles%2Ffiles%2FMHC_ClericalOfficer_August2024_AHEAD_JobDescription.docx&wdOrigin=BROWSELINK) |   |

# Declaration

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By submitting this completed form for the role of Clerical Officer, you are confirming that all information provided in this application is true and correct and that you have read and agree the conditions of appointment outlined in the Candidate Information Booklet for this post. Please be aware that should any of the information provided in this application be found to be false, misleading or inaccurate in any material way, the Mental Health Commission reserves the right to withdraw any offer of employment made to you or, if you have already commenced employment when this is discovered, to terminate your employment.

Please type your name or insert your signature in the section below.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important**

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