

**Application Form**

**Name**:

**Position applied for**:

**E-mail address:**

**Telephone number:**

|  |  |
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| **Practical details** | |
| **How many years of work experience do you have?** | Choose an item. | |
| **How would you describe your knowledge and experience of Microsoft Office?** | Choose an item. | |
| **Which area(s) do you have experience in?**  *Tick all that applies*  *These are only desirable criteria. We don’t expect candidates to have experience in all areas but would expect experience in a minimum of one of the areas.* | **Complaints management**  **Customer support**  **Health and social care**  **Regulatory body**  **Other** | |
| **Do you require sponsorship, now or in the future, to work in Ireland?** | **Yes  No** | |
| **If yes, please provide details:** |  | |
| **Do you hold a Level 8 qualification on the National Framework of Qualifications or equivalent experience.** | **Yes  No** | |
| **Do you have proficiency in the Irish Language?** | **Yes  No** | |
| **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](mailto:hr@psi.ie)