

**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 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