


Recruitment and Selection Policy and Procedure

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|---|--|---|
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| Agreed By: |  Brendan Broderick, Chief Executive Officer. | Date: Feb 14 th 2018 |

Key Message to all Staff

The Muiríosa Foundation is committed to recruiting employees of the highest calibre in accordance with employment legislation, best practice and within available resources.

Key Message to Managers

This policy and procedure provides managers with an outline of the recruitment process. Follow the procedure for recruiting new employees. The Job Description and Person Specification must be prepared by the manager and the manager must be involved in the selection of the new employee.

Purpose of this Policy and Procedure

- Ensure that fair selection procedures are followed in the recruitment of staff
- Ensure that Employment Legislation and the Health Act 2007 are adhered to
- Explains the steps in recruiting staff and the requirements in respect of successful candidates – Garda Clearance, satisfactory references from previous employers; evidence of relevant accredited education and training

Who does this policy and procedure apply to?

- Candidates for positions (internal or external appointments) within the Muiríosa Foundation
- Managers involved in the recruitment and selection process
- Human Resources Staff involved in the recruitment and selection process

What does this document include?

- Responsibilities for Managers and the Human Resources Department in the recruitment process
- Procedure to follow from identification of a role to employment of the successful candidate
- Procedure steps include: preparation of Business Case; preparation of Job Description and Person Specification; Advertising a post; Application forms; Short listing and Assessment; Interviewing and Selection of successful candidates; Reference checking; Vetting Disclosure; Medical Assessment; Record Keeping; Content of Staff Files.
- **Requirement to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with disabilities) Regulations 2003** Schedule 2 specifies the information and documents to be obtained in respect of staff
- Full Name, address and date of birth
- Evidence of identity, including a recent photograph
- Dates the person commenced and ceased employment (if relevant)
- A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016
- Details and documentary evidence of any relevant qualifications or accredited training
- Relevant current registration status with professional bodies in respect of nursing and other health and social care professional
- Full employment history, together with satisfactory history of any gaps in employment
- Details of any previous experience of carrying out the business of a designated centre
- A minimum of two written references including a reference from the person's most recent employer (if any)
- The position the person holds
- The work the person performs
- The number of hours the person is employed each week
- Correspondence, reports, records of disciplinary action and any other records in relation to his/her employment

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Policy Statement

The Muiríosa Foundation is committed to recruiting employees of the highest calibre, in accordance with employment legislation, best practice and within available resources.

Purpose of this Policy

It is essential that the organisation has an effective recruitment and selection process in place. Good selection procedures result in the attraction and appointment of the person best qualified and suited to the job. The organisation provides equality of opportunity to all candidates in an effort to select from the widest choice of candidates and minimise any skill shortages in the organisation.

Scope

The Recruitment and Selection policy relates to all those who apply for jobs with the Muiríosa Foundation and all persons involved in the recruitment and selection process. The organisation implements a number of stages in the recruitment and selection process to achieve the aim of recruiting the most suitable candidate for the role.

Responsibilities

Human Resources Department

Members of the Human Resources Department are responsible for co-ordination of the recruitment process. They will liaise with the relevant manager in relation to all aspects of the process. They will communicate with candidates during the recruitment and selection process.

Local Manager and Area Director

Identify the requirement for a new employee and seek approval for recruitment by preparing a business case for approval. Prepare a job description and person specification. Be fully involved in short-listing and interviewing.

Regional Director

Approval of the business case. For roles whereby the successful candidate will report directly to the Regional Director, become involved as described for the Local Manager above.

Human Resources Director.

Approval for the business case and liaise with the Chief Executive Officer for approval. Approve the panel involved in the selection process.

Procedure.

Preparation of Business Case

Upon identifying a vacancy within the department, the local manager prepares a business case ([Appendix A](#)) for approval. Prior to selecting the option to recruit, the manager must have considered other options which may be available to them – redeploy a suitably qualified person from another part of the organisation; re-organise work in the department; consider whether the work could be passed to another person or department and any other option which may fulfill the need. Upon approval by the Regional Director, the Director of Human Resources and the Chief Executive Officer the recruitment to the vacancy may proceed.

Job Description

The manager will prepare a job description ([Appendix B](#)) for each role, which will be used during the selection process. The job description will describe the overall responsibilities of the role and the key tasks involved in doing the job. Each job description will state that the organisation reserves the right to request an employee to be flexible in his or her duties according to service needs.

Person Specification

The organisation will prepare a Person Specification ([Appendix C](#)) for each role, which will be used during the selection process. The person specification will identify the personal attributes that the job holder must possess to perform the job to a high standard. The person specification will include the qualifications necessary for the job, skills, personal attributes and experience. The organisation aims to measure experience through the quality of the experience gained and not the quantity of experience in years. Each person specification will outline the criteria that are essential for the role and any criteria that may be desirable.

Advertising

The Muiríosa Foundation retains the right to advertise all positions both internally and externally. Advertisements ([Appendix D](#)) and the selection process will not discriminate on any of the nine grounds protected by the Employment Equality Acts. These are gender, civil status, family status, sexual orientation, religion, age, disability, race, and membership of the traveller community. It is essential that advertisements for all vacancies are impartial and objective. All staff on protective leave (such as maternity or parental leave) will be informed of each vacancy. All advertisements will use a number of media in order to allow all potential candidates to have an equal opportunity to apply for the vacancy. Advertising refers to advertising in newspapers, on websites, notice boards, television, radio, and in magazines, etc. All advertisements will be posted on the Muiríosa Foundation Web Site (External advertisements) and Intranet (Internal and External advertisements).

Application forms

Application forms ([Appendix E](#)) will be freely available to any person who wishes to apply for a vacancy. All advertisements will include instructions on the application procedure and how interested parties may apply.

Short-listing and assessment

During the short listing ([Appendix F](#)), all applicants will be screened to identify the candidates who will be called for the next stage of the process. When selecting candidates to be short-listed, the criteria set out in the person specification will be used. The organisation aims to ensure that all selection for short-listing will be free from any discrimination and that each application will be dealt with on its merits.

For certain roles, the organisation may use psychometric testing to support the short-listing process.

Interview and Selection of Successful candidates

Not all applicants will be called for interview. The organisation aims to ensure an interview process that is free from discrimination. The interview board will usually be comprised of a minimum of two persons. When there are not two managers on the interview board a member of the Human Resources team may join. There may also be an additional relevant person on the interview board who may be a member of staff, a service user, a member of a service user's family, or any other person who is relevant in the context of the recruitment. A gender-balanced interview panel will be provided where possible, however this may not always be feasible. The selection of persons who sit on the interview board is at the discretion of the organisation and approved by the Director of Human Resources. For posts at Management Grade VII / equivalent and above, a member of the Board of the Muiríosa Foundation may choose to be a member of the interview board.

All questions posed to the candidates will be consistent and will relate directly to the person's ability to do the job. A full employment history must be available, including a satisfactory history of any gaps in employment as required in the Health Act 2007 (Schedule 2 of S.I. No 367 of 2013) At the end of the interview each member of the interview board will compare the attributes of the candidates against specific criteria laid down in the job description and person specification. Candidates will be scored according to a recruitment matrix that has been designed to reflect the

essential and desired criteria in the person specification. Fair and proper procedures will be followed and an Interview Record form is used ([Appendix G](#)). The reasons for non-selection will be identified. For certain roles the organisation may ask the candidates to sit an appropriate test - for example and not limited to clerical roles. The outcome of this test will form part of the decision making in selecting candidates. Second interviews may be held with the same interview panel or a different interview panel if deemed necessary.

Reference Checks.

Candidates will be asked to provide details of two previous employers for reference-checking ([Appendix H](#)) – one of these to be the current employer (if the person is employed). In the case where there are not two previous employers, a relevant professional reference is necessary (for example from the educational establishment, work experience reference or other person deemed relevant by the Muiríosa Foundation for the purpose of recruitment). The organisation reserves the right to seek reference from any other relevant person who has knowledge of the candidate. References will form part of the decision making with interview outcome.

Vetting Disclosure

On the 29th of April 2016 the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 was commenced. The commencement of the Act made it a legal requirement for any person working with children or vulnerable persons to be vetted by An Garda Síochána prior to commencing their role. Coinciding with the commencement of new vetting legislation, An Garda Síochána, launched its eVetting service.

Muiríosa Foundation will obtain a vetting disclosure in accordance with this legislation for all new employees and the candidate will not take up duty until the vetting disclosure process has been completed and the Muiríosa Foundation is satisfied that there is no information on the disclosure that such an appointment poses a risk to service users, employees and the organisation.

Candidates being considered for appointments are obliged to complete the official Garda Vetting Form NVB1 (Sample at [Appendix I](#)), provided by the organisation. The candidate must consent to the making of an application by Muiríosa Foundation and to the disclosure of information by the National Vetting Bureau to the Liaison Person in Muiríosa Foundation pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Details of process at [Appendix R](#).

Pre-employment Process

Candidates will be asked to attend with their General practitioner to complete a pre-employment Medical Assessment Form ([Appendix J](#)). Candidates may also be requested to attend a pre-employment medical with an Occupational Health Physician on behalf of the organisation.

The organisation will also validate any necessary documentation relating to visas and work permits, where applicable. Documentation required to be submitted at pre-employment stage includes: photographic evidence of identity (a driving license, passport or other photographic evidence), documentary evidence of relevant qualifications, education and accredited training, current registration with professional body if relevant.

Once all the pre-employment assessments have been completed and the Employment of the successful candidate is confirmed by the relevant Senior Manager ([Appendix K](#)) a written offer of employment will be extended to the successful candidate, with full details of his or her conditions of employment in the Employment Contract ([Appendix L](#)). At this stage the successful candidate will receive the following documentation:

Contract of Employment

- Contract of Employment ([Appendix L](#))
- Job Description ([Appendix B](#))
- Employee Handbook incorporating Grievance & Disciplinary Procedures and Dignity at Work Policy

- Nominated Health Agencies Superannuation Scheme (NHASS) Information
- New Starter Form ([Appendix M](#))
- Staff Draw Form ([Appendix N](#))
- Prohibition on Exceeding Statutory Maximum Working Hours Form([Appendix O](#))
- Adult protection and Welfare Policy
- Communication Code
- Trust in Care Policy
- Consent form for Administration of Hepatitis B Vaccination and Anti-Body Testing ([Appendix P](#))

It is organisational policy that all such offers will include a probationary period, even when the successful candidate has been previously employed within the organisation.

It should be noted that an employment contract must be issued to an employee within two months of commencing employment. The Muiríosa Foundation aims to issue an employment contract in advance of employment and only in exceptional circumstances will it be issued after an employee has commenced employment.

Record-keeping

Records of all applications, screening criteria and interview notes will be kept for a minimum period of 12 months in the Human Resources Department, before being discarded. Feedback will be given to unsuccessful internal candidates to support them in their future development if they request it. There may be instances where the senior person on the interview panel will call candidates to offer feedback and direction.

Staff Files

All details pertaining to the terms and conditions of employment for an employee are held in the Staff File in the Human Resources Department ([Appendix Q](#)).

Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 requires that the following information be held in relation to staff employed:

- Full Name, address and date of birth
- Evidence of identity, including a recent photograph
- Dates the person commenced and ceased employment (if relevant)
- A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012
- Details and documentary evidence of any relevant qualifications or accredited training
- Relevant current registration status with professional bodies in respect of nursing and other health and social care professional
- Full employment history, together with satisfactory history of any gaps in employment
- Details of any previous experience of carrying out the business of a designated centre
- Two written references including a reference from the persons most recent employer (if any)
- The position the person holds and the work the person performs
- The number of hours the person is employed each week
- Correspondence, reports, records of disciplinary action and any other records in relation to his/her employment

Human Resources System

The Human Resources Department maintains records on the Personnel System CoreHR. The system holds master information in relation to each employee and is updated upon contract changes.

Recruitment and Selection Process Steps

The diagram at [Appendix R](#) further explains the steps involved in the Recruitment process.

Business Case Form

Muiríosa Foundation Recruitment Request (Ref: HSE Circular 005/2013)
Refer to General Guidance on the Management of Payroll Envelopes and
The Public Health Sector Workforce in 2015

| SPECIFIC POST REQUESTED | |
|--|-------------------|
| Post/Job title/Grade | |
| Reason why this particular Grade is required | |
| Number of posts and WTE | |
| Region and Location of post/s (List and link to WTE) | |
| Roster type required: | |
| If the post/s not approved state what the impact will be | |
| Post/s which will be replaced | |
| Will Agency Personnel be reduced? | |
| Why is redeployment or reorganisation not possible? | |
| Any other relevant comments | |
| Completed by: | _____ Date: _____ |
| Financial Information | |
| Full year cost of previous post holder | |
| Full Year Cost of Post/s | |
| Total Cost implications | |
| Director of Human Resources | |
| Workforce Plan position | |
| On target with Agency Reduction | |
| Comment: | |
| Signed: | _____ Date: _____ |
| Chief Executive Officer | |
| Comment | |
| Signed: | _____ Date: _____ |

JOB DESCRIPTION

The following are the headings in the Job Description of each role in the Muiríosa Foundation

POSITION/TITLE:

DEPARTMENT:

RESPONSIBLE TO:

RESPONSIBLE FOR:

JOB SUMMARY:

DUTIES AND RESPONSIBILITIES:

GENERAL DUTIES

POLICIES AND PROCEDURES:

CONFIDENTIALITY:

CARE OF EQUIPMENT:

SELF DEVELOPMENT:

QUALITY

LIMITS OF AUTHORITY

STANDARDS OF PERFORMANCE:

This job description will be subject to review in the light of changing circumstances to include any other duties and responsibilities as determined by management.

Standard of performance will be monitored by means of staff appraisal.

Date Issued: _____

PERSON SPECIFICATION

| | |
|--------------------|--|
| Post: | |
| Department: | |
| Location: | |
| Date: | |

| FACTOR | ESSENTIAL | DESIRABLE |
|---|------------------|------------------|
| Educational Standards | | ○ |
| Work Experience | | ○ |
| Core Competencies/ Skills & knowledge Required | ○ | ○ |
| Other Factors/ Special Circumstances | ○ | |

Recruitment Advertisement (Sample / Template)



Valuing life, helping people build meaningful lifestyles.

Internal Advertisement / External Advertisement

_____ (Role being recruited to)

Region: _____

Position/s: Permanent or Fixed Term

Hours of work: _____

Essential Requirements:

-
-
-
-
-
-

Desirable Requirements:

-
-
-
-

Informal Enquiries:

Person to take enquiries _____

Their Role: _____

Location: _____ **Phone Number:** _____

Email address: _____

Note: Applicants are required to clearly demonstrate on their application form how they meet the criteria specified above.

To apply: Application forms are available at www.muiriosa.ie or by telephone or email from

HR Department Email: _____@muiriosa.ie Phone: _____

Closing date: _____

Please note that for each position a panel may be formed.

The Muiriosa Foundation is an equal opportunities employer



MUIRÍÓSA FOUNDATION LTD
MOORE ABBEY, MONASTEREVIN
CO KILDARE
Tel. + 353 (0)45 525327

www.muiriosa.ie

POSITION APPLIED FOR:

PERSONAL DETAILS:

SURNAME: _____ **FORENAME / NAMES:** _____

ADDRESS: _____

TELEPHONE NO: _____ **MOBILE NO:** _____

EMAIL: _____

Any restrictions on your right to work in this country: Yes No

How did you hear about this vacancy? _____

DRIVING LICENCE: Full Prov. **Category:** _____

SUITABILITY FOR THE POSITION:

Describe briefly: _____

INTERESTS / HOBBIES & ACHIEVEMENTS:

Describe briefly: _____

GENERAL EDUCATION: (Start with Post Primary)

| NAME & ADDRESS OF SCHOOL | DATES | EXAMINATIONS TAKEN | GRADES ACHIEVED |
|--------------------------|-------|--------------------|-----------------|
| | FROM: | | |
| | TO: | | |
| | FROM: | | |
| | TO: | | |

THIRD LEVEL EDUCATION:

| NAME & ADDRESS OF UNIVERSITY / COLLEGE | FROM / TO | FULL / PART TIME | QUALIFICATIONS OBTAINED / NAME OF COURSE |
|--|-----------|------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

FURTHER COURSES COMPLETED: (if any)

| NAME & ADDRESS OF UNIVERSITY / COLLEGE | FROM / TO | FULL / PART TIME | QUALIFICATIONS OBTAINED / NAME OF COURSE |
|--|-----------|------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

Candidates may be required to produce evidence of qualifications during the course of recruitment and selection process.

EMPLOYMENT HISTORY:

You must account for your full history (i.e. cover all dates from your date of leaving education, this includes periods of non employment), if you require additional space please submit it on a separate A4 page.

CURRENT EMPLOYMENT:

| | | |
|--|------------|----------------|
| Name & Address of Current Employer: | | |
| | | |
| | | |
| Dates of employment from: | to: | Salary: |
| Position Held: | | |
| Brief List of Duties: | | |
| | | |
| | | |
| Reason for Leaving: | | |

PREVIOUS EMPLOYMENT:

| | | |
|--|------------|----------------|
| Name & Address of Employer: | | |
| | | |
| | | |
| Dates of employment from: | to: | Salary: |
| Position Held: | | |
| Brief List of Duties: | | |
| | | |
| | | |
| Reason for Leaving: | | |

PREVIOUS EMPLOYMENT:

| | | |
|--|------------|----------------|
| Name & Address of Employer: | | |
| | | |
| | | |
| Dates of employment from: | to: | Salary: |
| Position Held: | | |
| Brief List of Duties: | | |
| | | |
| | | |
| Reason for Leaving: | | |

ADDITIONAL WORK HISTORY CAN BE SUPPLIED ON A SEPARATE A4 PAGE

REFERENCES:

Please give the names, addresses and telephone numbers of your two most recent employers for whom references may be acquired.

(A – Present Employer)

Name: _____ **Job Title:** _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

(B – Previous Employer)

Name: _____ **Job Title:** _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Candidates selected for employment must undergo a Garda Clearance Check procedure; have you any objection, if selected for a position? **Yes:** **No:**

I declare the above information to be correct and true to my knowledge. I understand that a position, if offered, will be withdrawn should the information on this form be false or omitted.

Signature of Applicant: _____ **Date:** _____

RETURN ADDRESS TO:

Human Resources Department, Moore Abbey, Monasterevin, Co. Kildare

Phone: 00 353 45 525327

Fax: 00 353 45 532276

Short Listing Form

Post: _____

Location: _____

*Short-listing Criteria (refer to Person Specification)
(Criteria can be essential or desirable please indicate same)*

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Indicate by Yes (Y) / No (N) in the boxes 1-5 if the applicant meets each of the short listing criteria.

| Applicants | 1 | 2 | 3 | 4 | 5 | Shortlist Yes / No |
|------------|---|---|---|---|---|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Interview Date: _____
Interview Panel
(to be authorised by Director of Human Resources)

Location: _____
Time per Interview: _____ *Minutes*
Signed: _____
Job Title: _____
Unit / Department: _____
Date: _____

For Personnel Use Only:

Interview Panel Authorised:

*Human Resources Department
 Moore Abbey*

INTERVIEW RECORD FORM (Sample)

Post: _____ Candidates Name: _____

Date: _____

| Educational Standard | Comments | Rating |
|--|----------|--------|
| | | |
| | | |
| Work Experience | Comments | Rating |
| | | |
| | | |
| | | |
| Core Competencies / Skills / Knowledge | Comments | Rating |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Other Factors | Comments | Rating |
| | | |
| | | |
| | | |
| | | |

| (Reference Checks) ¹ | Comments | Rating |
|---------------------------------|----------|--------|
| Reference 1 | | |
| Reference 2 | | |

| No Evidence of requirement (Not Acceptable) | Little evidence of requirement (Less than Acceptable) | Some evidence of requirement (Acceptable) | Strong evidence of requirement (More than Acceptable) |
|---|---|---|---|
| 0 | 1 | 2 | 3 |

Signed: _____

Outcome: _____

¹ May be used as part of the selection process with the Interview process

Reference Form

Appendix H
Page 1/2



Date

Address
Address
Address

Reference Request for: _____ (Name)

Position Applied for: _____ (Position)

Dear _____ (Name)

The person named above has applied for the post of _____ within our Services, and has listed your name as a referee. If you not are the most relevant person to complete this reference please forward accordingly for completion.

The terms and conditions of the Freedom of Information Act applies to this organisation.

The Muiríosa Foundation is a voluntary organisation which provides a broad range of services to persons with intellectual disability and to their families in residential and community based settings.

Are you related to the applicant? Y N
 Have you employed the applicant? Y N
 Were you the line manager of the applicant? Y N
 Job Title of Applicant during the employment? _____
 Dates of Employment? From: _____ To: _____
 Was the probationary period completed? Y N

Reason for leaving employment? _____

How long have you known the applicant? _____
 How would you rate the applicant:

| | Excellent | Good | Fair | Poor | Additional Comments |
|--------------------------------|-----------|------|------|------|---------------------|
| Performance / Standard of Work | • | | | | |
| Ability | • | | | | |
| Attitude | • | | | | |

| | | | | | |
|---------------------------|----------------|----------------|------------------|-----------------|--|
| Conduct | | | | | |
| Attendance | • | | | | |
| Punctuality | • | | | | |
| Reliability | • | | | | |
| Honesty | • | | | | |
| Ability to use Initiative | • | | | | |
| Attention to detail | • | | | | |
| General appearance | • | | | | |
| No of sick days | In last 3 yrs: | In last 2 yrs: | In last 12 mths: | In last 6 mths: | |

Any other comments in relation to their suitability for the post applied for:

Would you re-employ: _____ if no, please given reason: _____

Other information required:

| | | | |
|-------------------------------------|---|----|--|
| Has parental leave been taken: | Yes | No | If yes, please forward separate details. |
| Has force Majeure leave been taken: | Yes – please specify dates below: In last 3 years: In last 12 mths: | | |

Yours sincerely

(Name)
(Department)

Official Use Only

Reference completed by: _____

Date: _____

Reviewed by Line Manager: _____

Date: _____



Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

Miscellaneous

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.

The Form should be completed in ball point pen.

Photocopies will not be accepted.

All applicants will be required to provide documents to validate their identity.

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

Personal Details

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.

Please allow one digit per box for your contact number.

The Current Address means the address you are now living at.

The address fields should be completed in full, including Eircode / Postcode. No abbreviations.

Role Being Vetted For

The role being applied for must be clearly stated. Generic terms such as “Volunteer” will not suffice.

Declaration of Application

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.

Ciara Molyneaux or
Niamh Quinn
Muiríosa Foundation Ltd
Moore Abbey
Monasterevin
Co Kildare
045 525327



Your Ref: _____

Form NVB 1

Vetting Invitation

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

| | |
|------------------------|---------------------|
| Forename(s): | |
| Middle Name: | |
| Surname: | |
| Date Of Birth: | D D / M M / Y Y Y Y |
| Email Address: | |
| Contact Number: | |
| Role Being Vetted For: | |
| Current Address: | |
| Line 1: | |
| Line 2: | |
| Line 3: | |
| Line 4: | |
| Line 5: | |
| Eircode/Postcode: | |

Sample Only
Do not Use

Section 2 – Additional Information

Name Of Organisation:

I have provided documentation to validate my identity as required *and*
I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box

Applicant's
Signature:

Date:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Please return this form to the organisation. An invitation to the e-vetting website will then be sent to your Email address.

Medical Assessment Form



**Mainistir Uí Mhórdha,
Mainistir Eimhin,
Co. Chill Dara.**

**Moore Abbey,
Monasterevin
Co. Kildare.**

HR Tel: (045) 532231

HR Fax: (045) 529463

PRE-EMPLOYMENT MEDICAL ASSESSMENT FORM

Note: Please complete this form with your G.P.

(Please tick box and supply details where appropriate)

| | |
|------------------------------|-----------------|
| Surname: _____ | Forename: _____ |
| Home Address: _____ _____ | |
| Telephone No: _____ | |
| Family GP: _____ | |
| Position Applied For: _____ | |

| PREVIOUS POSITIONS HELD: | | |
|---------------------------------|----------|---------|
| Title: | Company: | Period: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IS THERE A FAMILY HISTORY OF:

Epilepsy: Y N
 Heart Disease: Y N
 Eczema: Y N
 Cancer: Y N
 Mental Illness: Y N

High Blood Pressure: Y N
 Asthma: Y N
 Diabetes: Y N
 TB: Y N

Details:

| PAST MEDICAL DATA | YES | NO | DETAILS (If yes, please provide details of what and when) |
|---|------------|-----------|---|
| <i>Have you had any operations?</i> | | | |
| <i>Have you been in hospital otherwise?</i> | | | |
| <i>Have you undergone X-Rays or Tests?</i> | | | |
| <i>Are you taking any medications?</i> | | | |
| <i>Are you allergic to anything?</i> | | | |

MEDICAL HISTORY:

| DO YOU SUFFER FROM OR HAVE YOU EVER HAD: | YES | NO | DETAILS (If yes, please provide details of what and when) |
|---|------------|-----------|---|
| Difficulty with your appetite | | | |
| Fits / Blackouts / Epilepsy | | | |
| A fear of height or open spaces (agoraphobia) | | | |
| A fear of confined spaces (claustrophobia) | | | |
| Headaches or migraine | | | |
| Mental illness, depression or nervous trouble | | | |
| Asthma, hay fever or sinusitis | | | |
| Bronchitis, pneumonia or pleurisy | | | |
| Chronic cough | | | |
| Spitting of blood or phlegm | | | |
| Shortness of breath or chest pain | | | |

| | | | |
|--|------------|-----------|---|
| Wheezing | | | |
| Any other chest complaints | | | |
| Treatment for wheezing or breathlessness | | | |
| Exposure to gas, chemical fumes or dust at work | | | |
| DO YOU SUFFER FROM OR HAVE YOU EVER HAD: | YES | NO | DETAILS (If yes, please provide details of what and when) |
| Palpitations or heart trouble | | | |
| Rheumatic fever | | | |
| High blood pressure | | | |
| Ankle or foot swelling | | | |
| Stomach trouble, indigestion or ulcers | | | |
| Jaundice | | | |
| Chronic diarrhoea or constipation | | | |
| Urine or kidney trouble | | | |
| Blood in urine or motions | | | |
| Arthritis or back trouble | | | |
| Musculoskeletal problems | | | |
| Repetitive strain / tendonitis | | | |
| Rupture or hernia | | | |
| Eye, ear, throat disorder, problems with your nose, sense of smell or taste | | | |
| Removal of tonsils or adenoids or any ear operation | | | |
| Noises in ear or head | | | |
| Dizziness, head injury, or concussion | | | |
| Were you ever in Military Service/FCA | | | |
| Did you ever work in a noisy environment? If yes, please provide details of how long and if you wore hearing protection | | | |
| Is there any deafness in your family | | | |
| Have you any noisy hobbies or past-times e.g. shooting, motor (cycle) racing, loud discos, etc? | | | |
| Have you ever suffered from: Dermatitis <input type="checkbox"/> Acne <input type="checkbox"/> Eczema <input type="checkbox"/> Cracked Skin <input type="checkbox"/> Dry Skin <input type="checkbox"/> Excessive Sweating <input type="checkbox"/> Boils <input type="checkbox"/> Psoriasis <input type="checkbox"/> Any other rash or skin disease <input type="checkbox"/> | | | |
| Details: | | | |
| Have you any sleep problems? Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| Details: | | | |

| |
|---|
| Have you ever worked with: Detergents <input type="checkbox"/> Disinfectants <input type="checkbox"/> Oils <input type="checkbox"/> Solvents <input type="checkbox"/> Food Juices <input type="checkbox"/> Cement <input type="checkbox"/> |
| Details: |
| Are you: Left handed <input type="checkbox"/> Right handed <input type="checkbox"/> |
| Has anyone in your family suffered from: Allergies <input type="checkbox"/> Eczema <input type="checkbox"/> Asthma <input type="checkbox"/> Hay fever <input type="checkbox"/> Urticaria <input type="checkbox"/> Dermatitis <input type="checkbox"/> Psoriasis <input type="checkbox"/> |
| Details: |
| Have you ever been in receipt of compensation or pension? Y <input type="checkbox"/> N <input type="checkbox"/> |
| How do you consider your state of Health at present? Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent <input type="checkbox"/> |
| Is there anything you wish to discuss about your health? Y <input type="checkbox"/> N <input type="checkbox"/> |

DRUGS

| |
|--|
| 1. Are you at present taking any prescribed drugs? Y <input type="checkbox"/> N <input type="checkbox"/> |
| 2. Have you ever taken drugs for: Malaria <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Rheumatism <input type="checkbox"/> Tuberculosis <input type="checkbox"/> |
| 3. Have you ever taken prescribed drugs for longer than 1 week? e.g. Tranquillisers, Antidepressants, Sleeping Tablets, Antibiotics, Blood Pressure Treatment etc? Y <input type="checkbox"/> N <input type="checkbox"/> |
| 4. Are you taking or have you ever taken any non-prescribed drugs? e.g. Marijuana, Cocaine, Heroin, Ecstasy etc? Y <input type="checkbox"/> N <input type="checkbox"/> |

OTHER

| |
|---|
| Have you been absent from work for more than: 1 week in the past 3 years Y <input type="checkbox"/> N <input type="checkbox"/> |
| How many times have you visited your Doctor in the last year? <input type="checkbox"/> |
| Is your weight steady? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Have you any other significant medical conditions? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Have you worked on Shiftwork or Nightwork before? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Have you plenty of energy? Y <input type="checkbox"/> N <input type="checkbox"/> |

FOR COMPLETION BY MEDICAL EXAMINER:

| |
|--|
| Are there any circumstances connected with the health of the candidate which, in your opinion, tends to disqualify him/her from performing his/her duties efficiently and regularly? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Details: |
| Are you satisfied that he/she is immune to Rubella? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Has the candidate been vaccinated against Hepatitis B Infection? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Has the candidate had Tetanus Vaccination within the Last five years? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Has the candidate had a BCG vaccination? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Approximate age/date when BCG vaccination administered? |

Medical Examiner Notes:

Medical Examiner's Analysis:

Signature of Medical Examiner: _____

Date: _____

Address: _____

I declare that to the best of my knowledge all the above answers are true and complete.

I consent to the Organisation's Medical Advisor seeking medical information from any doctor, who at any time has attended me, concerning anything which affects my physical or mental health.

I understand that if my answers are found to be misleading or false, it could lead to cancellation or variation of any offer of employment.

Signature of Candidate: _____ Date: _____

(To be signed in the presence of a medical examiner)

Please return this form to:
HR Support Officer, Muiríosa Foundation, Moore Abbey, Monasterevin, Co Kildare.



MUIRÍOSA FOUNDATION LTD
MOORE ABBEY, MONASTEREVIN
CO KILDARE
Tel. + 353 (0)45 532227 / 532231
Fax + 353 (0)45 532276
Email: *first.surname@muioiosa.ie*
www.muiriosa.ie

Confirmation of Staff Appointment

Name: _____

(The following to be completed by Area Director, Senior Manager or Member of the Management Executive Team)

Having reviewed the completed documentation:

- References
- Garda Vetting/Police Clearance.
- Medical

I propose that _____ is appointed to the post of _____

Name (print): _____

Signature: _____

Position: _____

Date: _____

Contract of Employment (Sample)

Date: _____

Parties:

This agreement is made between The Muiríosa Foundation Ltd and _____ (Name).

Name of Employer:

The Muiríosa Foundation Ltd, Moore Abbey, Monasterevin, Co Kildare.

Name of Employee: _____

Address of Employee: _____

Place of work: _____

Reporting to: You will be required to report to _____

Job Description:

Please find attached a relevant job description for the position of _____ (Job Role)
You will be required to be flexible in this position and must be prepared to undertake such other duties appropriate to your position as may be assigned to you by management from time to time.

Start Date: This position is with effect from _____ (Start Date)

Duration of Contract:

This contract is subject to regular reviews being conducted at approximately 4, 8 and 12 months.
This contract will be reviewed in 12 months time when your Probationary period is complete.

Probationary Period:

A probationary period of one year shall apply from commencement of your employment, during which the contract may be terminated by either party in accordance with the Minimum Notice and Terms of Employment Act, 1973-2001. The probationary period may be extended at the discretion of management. Confirmation of your appointment as a permanent member of staff is subject to the successful completion of the probationary period. The probationary period will be extended by any period of absence that the employee takes during the probationary period. The Muiríosa Foundation reserves the right at any stage during the probationary period, to terminate your contract should your performance, conduct or attendance be deemed unsatisfactory. Should this arise during the first thirteen weeks your contract may be terminated without notice and with one weeks notice for the remainder of the probationary period. Please refer to the paragraph 1.5 of the Employee handbook for more information on the probationary period.

Rate of Pay:

The approved salary scale as at (_____) for your post is (€x - €y). There are ___ points in total on the _____ (Job Role) Salary Scale (Department of Health & Children).

You will be paid the ___th point i.e. approx €x per hour based on €y per annum for a full time post. You will have an increment date of _____ (month) each year for the duration of this contract. The increment date will be delayed by any period of absence. Any subsequent changes to the Department of Health & Children Salary Scale will be applied appropriately.

Statutory deductions will be made in respect of PAYE and PRSI. You will be paid fortnightly i.e. every second Thursday by electronic transfer in arrears. This method of payment may be changed at the Organisation's discretion.

Hours of Work:

Your normal working hours will be ___ hours per week / ___ hours per fortnight. Your actual roster will be communicated to you by your line manager. Management reserve the right to alter these working hours from time to time.

You may from time to time be required to work additional hours depending on the requirements of your work and at the discretion of management. Where possible you will be notified in advance.

You are required to be flexible in your roster and may be required to work earlies, lates, weekends, overnights or night duty as per the needs of the services.

Annual Leave:

The organisations holiday year runs from the 1st January to the 31st December.

Your annual leave entitlement has not changed and is currently ___ hours per annum based on ___ days / ___ hours per annum for a full time post, and shall be given in accordance with the provisions of Part III of the Organisation of Working Time Act, 1997. Annual leave must be taken at times most suitable to the work location. Payment for annual leave will be covered by the provisions in Part III of the Organisation of Working Time Act, 1997. Public holidays shall be given in accordance with the Organisation of Working Time Act, 1997.

When termination of this contract occurs and the paid holidays already taken exceed the paid holiday entitlement on the date of termination, the organisation will deduct the excess holiday pay from any termination pay.

Other Leave:

Please refer to the staff handbook regarding compassionate leave, carer's leave, career breaks, job sharing, jury service, maternity leave, adoption leave, parental leave and Force Majeure leave.

Sick Leave:

In the event of absence from work you are required to contact your Line Manager within two hours of start time on first day of absence (As much notice as possible is appreciated) A certificate from a qualified Medical Practitioner must be submitted not later than the third day of a continuous absence and on a weekly basis thereafter.

Sick pay is granted by the organisation for this position. Please refer to the staff handbook and sick leave policy for more information on the sick pay scheme.

Pension:

Normal retirement age is 65th birthday. You are required to enter the Nominated Health Agency Superannuation Scheme; information on this pension scheme is enclosed. Your pension contributions will automatically be deduced from your salary on a fortnightly basis. Contributions are deducted before tax & PRSI.

Notice Required:

In the event of termination of your employment, you are required to give the organisation 1-months' notice, and the organisation undertakes to give you notice in line with the Minimum Notice and Terms of Employment Acts, 1973-2001. The organisation reserves the right to grant pay in lieu of notice. All dismissals will be carried out in accordance with the guidelines outlined in the Disciplinary Procedure.

Confidentiality:

You may not discuss any information of a confidential nature relating to the organisation or any associated organisations to their business or in respect of which the organisation owes an obligation of confidence to any third party during or after your employment except in the proper course of your employment or as required by law. You may not remove any documents or things belonging to the organisation or which contain any confidential information from the organisations premises at any time without proper advance authorisation.

You must return to the organisation upon request and, in any event, upon the termination of your employment, all documents and items belonging to the organisation or which contain or refer to any confidential information and which are in your possession under your control.

Variation:

The parties to this contract reserve the right to vary the terms herein by agreement in writing. Any such variation will henceforth form part of this contract.

Grievance Procedure:

If you have a grievance, which you consider to be genuine in respect of any aspect of your terms and conditions of employment, working environment or working relationships, you should raise it through the Muiríosa Foundation Grievance Procedure. The Grievance Procedure was developed and agreed jointly by the Health Service Employers and the Health Service Trade Unions. The Grievance Procedure is available on the Muiríosa Foundation Intranet.

Disciplinary Procedure:

The delivery of a high quality service requires all staff to adhere to high standards of work performance, conduct and attendance. The purpose of the Muiríosa Foundation Disciplinary Procedure is to ensure that all staff members maintain the required standards. The Disciplinary Procedure was developed and agreed jointly by the Health Service Employers and the Health Service Trade Unions. The Disciplinary Procedure is available on the Muiríosa Foundation Intranet.

Health & Safety:

The organisation is committed to ensuring the safety, health and welfare of staff and, to this end, a safety statement has been prepared setting out all the safety arrangements which are in force. All staff within the organisation have a legal obligation in relation to safety, health and welfare at work and are required to follow the guidelines contained in the organisations safety statement and comply with current EU and Irish Health & Safety Legislation. You are obliged to familiarise yourself with the organisations safety statement and procedures in relation to your employment and you have a responsibility to adhere to these at all times.

Other Employment:

To ensure that both the employer and the employee are in compliance with legal requirements under Section 33 of the Organisation of Working Time Act, 1997, it is necessary for all employees to provide the organisation with details of any other employment(s) that the employee engages in. Therefore it is essential that all staff complete the form - Prohibition on Exceeding Statutory Maximum Working Hours and return it to the Human Resources Department.

I accept to be bound by the above terms and conditions and those contained in agreements made on my behalf between the trade unions and the Organisation. I have read and understood the Grievance and Disciplinary Procedure, Job Description and Employee Handbook.

Signed (Employee): _____

(Staff Member)

Date: _____

Signed (Employer): _____

(Director of Human Resources)

Date: _____

New Starter Form



MUIRÍOSA FOUNDATION LTD
MOORE ABBEY, MONASTEREVIN
CO KILDARE
www.muiriosa.ie

NEW STARTER FORM

***THIS FORM MUST BE COMPLETED & RETURNED TO THE HUMAN RESOURCES DEPARTMENT
FAILURE TO DO SO MAY RESULT IN LATE PAYMENT OF SALARY
PLEASE ATTACH YOUR P45 & RELEVANT TAX DETAILS TO THIS FORM.***

EMPLOYEE DETAILS:

Name of Employee: _____
Address: _____
Home Telephone: _____ Mobile: _____
PPS Number: _____ Date of Birth: _____
Job Title: _____ Start Date: _____

BANK DETAILS:

Name of Bank/Building Society: _____
Address: _____
Account Number: _____ Sort Code: _____

Do you have previous pensionable service: Y N If yes, please provide details below:

Union Membership: _____

Other Subscriptions: _____

Are you in receipt of Social Welfare Payment? Y N - If yes, please provide details below:

Do you have a Medical Card: Y N

NEXT OF KIN DETAILS:

Name: _____ Contact No: _____
Address: _____
Relationship: _____

SIGNATURE OF EMPLOYEE

DATE

Staff Draw Form



MUIRÍOSA
FOUNDATION

MUIRÍOSA FOUNDATION LTD
MOORE ABBEY, MONASTEREVIN
CO KILDARE
Tel. + 353 (0)45 532231 / 525327
Fax + 353 (0)45 532275
Email hr@muiriosa.ie
www.muiriosa.ie

STAFF DRAW

The Muiríosa Foundation draw will take place each month. The money raised from the draw goes towards providing extra facilities for the Service Users. To subscribe to the draw the bottom portion of this form must filled out, signed and returned to the Payroll Department.

To Payroll Department

Please deduct €5 from my fortnightly pay for the Staff Monthly Draw until further notice.

Signed _____

Date _____

Staff Number _____

**Prohibition on Exceeding Statutory Maximum Working Hours,
Under Section 33 of the Organisation of Working Time Act, 1997.**

To ensure that both the employer and the employee are in compliance with legal requirements under Section 33 of the Organisation of Working Time Act, 1997, it is necessary for all employees to provide the organisation with details of any other employment(s) that the employee is engaged in.

Employees who are self-employed are not covered by this provision. Also excluded are employees who are working for a relative and are a member of that relative’s household and whose place of employment is a private dwelling house or farm in or on which he/she and the relative reside.

Please note that should a situation arise where the combined hours worked for the organisation and the other employment(s) place the organisation and (the employee) in breach of the legislation then the employee concerned must change/reduce the hours worked in the other employment(s) in order to prevent such a breach occurring.

In order to ensure that The Muiríosa Foundation Ltd is not in breach of this Act, the following information is required from all the organisations employees:

Employee’s Name: _____
Address: _____

Details of employment outside the organisation

Do you work for another employer? Yes _____ No _____

If yes, please complete the following details:

| TIME | MON | TUE | WED | THUR | FRI | SAT | SUN |
|------------------|------------|------------|------------|-------------|------------|------------|------------|
| STARTING | | | | | | | |
| FINISHING | | | | | | | |

Do these hours vary from week to week? Yes _____ No _____

If yes, please give details: _____

More than one other employer:

Should you be employed by more than one other employer (apart from the Muiríosa Foundation) please repeat the above information for each such employer on a separate sheet.

Please Note

You must notify the organisation if there is any change to the details as outlined above.

Signed _____ **Date** _____
Employee

Signed _____ **Date** _____
On behalf of the Organisation

**IT IS ESSENTIAL THAT YOU RETURN THIS FORM TO THE HR DEPARTMENT, MOORE ABBEY,
MONASTEREVIN, CO KILDARE REGARDLESS OF ANY ADDITIONAL EMPLOYMENT**

Hepatitis B Vaccination Consent Form

Appendix P



MUIRÍOSA FOUNDATION LTD
MOORE ABBEY, MONASTEREVIN
CO KILDARE

www.muiriosa.ie

ADMINISTRATION OF HEPATITIS B VACCINATION AND ANTI-BODY TESTING

FORM A CONSENT FORM

I have received information on the Hepatitis B Vaccination course and pre/post blood testing for Hepatitis B and anti-body.

I declare I am not pregnant and am aware that I should not become pregnant within one month of any dose of the Hepatitis Vaccine.

I, _____ consent to providing a blood sample for pre/post vaccine testing.

I, _____ do not consent to providing a blood sample for pre/post vaccine testing.

Name: (print) _____

Signature: _____

D.O.B: _____

Date: _____

Work Location: _____

I, _____ consent to receiving the course of Hepatitis B Vaccine(s) / booster.

I, _____ do not consent to receiving the course of Hepatitis B Vaccine(s) / booster.

Name: (print) _____

Signature: _____

Date: _____

CONTENTS OF STAFF FILE

| | | |
|--|--|------------------------------|
| CV / APPLICATION FORM: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| INTERVIEW ASSESSMENT FORM: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| REFERENCE 1: Y <input type="checkbox"/> | APPROVED BY MANAGEMENT: Y <input type="checkbox"/> | |
| REFERENCE 2: Y <input type="checkbox"/> | APPROVED BY MANAGEMENT: Y <input type="checkbox"/> | |
| SELF DECLARATION FORM: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| GARDA / POLICE CLEARANCE: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| MEDICAL: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| QUALIFICATIONS VALIDATED (ORIGINAL SUBMITTED): | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| PHOTO ID: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| WORK PERMIT (IF APPLICABLE): | Y <input type="checkbox"/> | N/A <input type="checkbox"/> |
| LIFTING CERTIFICATE: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| CONFIRMATION OF APPOINTMENT: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| LETTER OF OFFER & CONTRACT SENT: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| JOB DESCRIPTION SENT: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| OFFER ACCEPTED (CONTRACT RETURNED): | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| AGREED START DATE: | _____ | |
| CORE (1 – 4): | | |
| 1. PERSONNEL (PLAN/AUTHORISE/COMMENCE POST): | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 2. PAY (SALARY AUTHORISATION): | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 3. TIME (ACTIVATE RELEVANT BALANCES): | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 4. APPRAISAL DETAILS: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 5. QUALIFICATION DETAILS: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| INFORMATION CARD/INDUCTION SENT TO MGR: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| INVITED TO INDUCTION: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| ASSESSMENTS: | | RETURNED: |
| 4-MONTH ASSESSMENT: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 8-MONTH ASSESSMENT: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 12-MONTH ASSESSMENT: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| PERMANENT CONTRACT ISSUED: | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| COMMENTS: _____ | | |

Recruitment and Selection Process

| Step | Responsibility | Process |
|--|---|--|
| Identify Post/s for recruitment | Area Director | Complete the Business Case (Appendix A) to present to the Regional Director, Director of Human Resources and Chief Executive Officer. |
| Approval | Regional Director, Director of HR, CEO | Judgment of the requirement for the post, the cost and the organisational implications of the filling / not filling of the post/s |
| Pass to Human Resources | Director of Human Resources | Pass the completed form to HR following approval to commence the steps for selection and recruitment of the post/s |
| Prepare Job Description and Person Specification | Area Director / Local Manager | Outline the requirements of the role in a job description (Appendix B) and the Person Specification (Appendix C) including the Educational Standard, Work Experience, Core Competencies, Skills, knowledge required for the role. Any other relevant factors necessary for the role must also be included. |
| Prepare Advertisement | Human Resources Officer | Draft an advertisement (Appendix D) and liaise with the Area Director to ensure it captures the requirements for the role to attract suitable candidates. Decide who will take enquiries and include on the advertisement. Decide where the post/s should be advertised. Set a closing date (allow two weeks minimum). |
| Advertise the position/s | Human Resources Officer | Place the advertisement as agreed – Newspapers, web, magazines and so on. In addition any person on protective leave is made aware of the details of the advertisement. |
| Set up the post on system | Human Resources Officer | The system is updated to include a new post |
| Open a competition file | Human Resources Officer | Include the Business case, job description, person specification, advertisement and all applications |
| Set the Short listing criteria | Area Director / Local Manager | From the Person Specification the Sort Listing criteria is set. Decide whether references are sought in advance and whether they will form part of the decision making in respect of selection. |
| Agree Interview panel & schedule | Area Director / Director of Human Resources | Normally two people on a panel, but can vary according to the job role. There may be external involvement in an interview panel. |
| Short list candidates for interview | Area Director / Local Manager | Based on Short listing criteria reduce the number of candidates to a manageable level. |
| Conduct interviews | Interview panel | Using interview assessment form (Appendix G) and outcome of any test |
| Second interview | Interview panel (2) | It may be necessary to conduct a second interview with an appropriate second interview panel. |
| Make the selection | Interview panel | Based on the outcome of the selection process |

Pre-Employment Process

| Step | Responsibility | Process |
|-----------------------------------|--|---|
| Reference checking | Human Resources Officer | References to be sought (Appendix H). Any concern raised on a reference to be brought to attention of the relevant Local Manager and Area Director. |
| Garda Vetting | Human Resources Officer & Candidate | The Garda Vetting form of the successful candidate/s submitted to the Human Resources Department. Photographic Identification and Proof of Address is required as is the candidates email address. The details are transcribed from the form to the Garda Vetting web site by the Human Resources Department personnel. When the process is complete the Garda Vetting Unit send an email of the disclosure outcome to the Human Resources contact. The candidate will receive an email from Garda Vetting Unit informing them of the completed process and they will receive the Vetting disclosure from the Human Resources Department. |
| Letter of Offer | Human Resources Officer | Upon receipt of necessary forms a letter of offer is sent to the successful candidate subject to receipt of acceptable Garda Clearance. |
| Medical Review | Human Resources Officer | The successful candidate must attend their GP to complete the medical review form (Appendix J). A follow up Medical review by an Occupational Health Physician may be necessary. |
| Confirm start date | Human Resources Officer | Upon receipt of satisfactory pre-employment documentation and the relevant Senior Manager has confirmed appointment, a start date is confirmed. |
| Pre-Employment Induction training | Education & Training section of Human Resources Department | Prior to commencing in the workplace the new staff member must attend essential training as per the Corporate and Service Induction Policy. |
| Issue Contract | Human Resources Officer | The Employment Contract (Appendix L) containing terms and conditions of employment is signed by the Director of Human Resources and forwarded to the successful candidate. If they are satisfied they will sign the contract and return. |

Revision History.

| Issue Number | Date | Description |
|---------------------|-------------|--|
| 1 | June 2014 | Recruitment and Selection Policy and Procedure |
| 2 | Feb 2018 | Amended to include E-Vetting; Business Case form updated; Application form updated; other minor corrections phone numbers and email address. |