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**NRS JOB ORDER FORM**

**PHYSIOTHERAPIST STAFF GRADE OR SENIOR**

**Please complete this form and return to** [**joborders@hse.ie**](mailto:joborders@hse.ie)

For any queries regarding the Recruitment process please contact the NRS Help Desk on 0818 473677 or email us on asknrs@hse.ie

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| I confirm that this post has been sanctioned in line with Service Requirements, Best Practice and Codes of Practice | | | | | | | | | | | | | (Please Tick) | | | | |
| Post Title | | PHYSIOTHERAPIST - Staff Grade | | | | | | | |  | | Grade  Code | 314X | | | | |
| PHYSIOTHERAPIST - Senior | | | | | | | |  | | 3158 | | | | |
| Position Number Or  Primary Notification Number  Mandatory | |  | | | | | | | | | | | | | | | |
| **N.B. No Job order will proceed without a position number or a primary notification Number** | | | | | | | | | | | | | | | |
| Location  Please State CHO Area/Hospital Group | |  | | | | | | | | | | | | | | | |
| Please State Physical Base | |  | | | | | | | | | | | | | | | |
| **FOR PHYSIOTHERAPIST SENIOR POSTS ONLY – Please indicate which panel(s) should be used**   * **Option A: - I would like to use an Individual Clinical Area Panel**   **or**   * **Option B: - I would like use a combination of 2 Clinical Area panels i.e. Blended Panel**   **(If you choose 2 Clinical Areas below, we will assume that you want to use a Blended Panel)** | | | | | | | | | | | | | | | | | |
| **Area 1**  Musculoskeletal/Orthopaedics/Rheumatology | | | |  | **Area 2**  Respiratory/Cardiology | | | | | | | | | | | |  |
| **Area 3**  Neurology/Gerontology/Rehabilitation | | | |  | **Area 4**  Paediatrics | | | | | | | | | | | |  |
| **Area 5**  Paediatrics Disability | | | |  | **Area 6**  Continence/Pelvic Dysfunction/Women’s Health | | | | | | | | | | | |  |
| Start Date: | | | | | | | Annual Leave | | | |  | | | | Days PA | | |
| Contract Type | Permanent | | | | |  | | | Temporary\* | | | | | | |  | |
| ***\*If Temporary specify Contract end date*** | | | | | | | |  | | | | | | | | |
| WTE Value  Please State Clearly i.e. 1 wte, 0.5 wte etc | | |  | | | | | Weekly Working Hours | | | | | |  | | | |
| Will the post holder be engaged in relevant work with children or vulnerable adults and therefore require Garda Vetting?  (in line with HR Circular 012 2018 - <https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-012-2018-re-garda-vetting-requirements.pdf>).  **Important Note:** A request for Garda vetting should **ONLY** be submitted in respect of ‘**roles’** engaged in relevant work as defined in the ‘National Vetting Bureau Acts 2012 to 2016’. Under this legislation, you should **NOT** request Garda Vetting for ‘roles’ that are not engaged in relevant work **as this is a criminal offence** | | | | | | | | | | | | | | Yes  No | | | |
| If **yes** above, please outline **how the ‘role’** requires access/contact with Vulnerable Adults/Children in order to carry out the duties of the ‘role’;  E.g.1Medical Scientist working in a lab **does not** require Garda Vetting **but** Medical Scientist working on a ward **does** require Garda vetting  E.g. 2 Clerical Officer working in payroll does not require Garda Vetting **but** Clerical officer working on reception in the Emergency dept does require Garda Vetting | | | | | | | | | | | | | | | | | |
| Please specify Reason for Cover  **e.g. Maternity Relief, Career break etc** | |  | | | | | | | | | | | | | | | |
| Department Description | |  | | | | | | | | | | | | | | | |
| Supervisory Structure | |  | | | | | | | | | | | | | | | |
| Line Manager Representative Contact Details  **(Including Telephone Number & Email address)** | |  | | | | | | | | | | | | | | | |
| Local HR Department Contact Person / or Local Administrator for Payroll Set Up, Phone Address & Email | |  | | | | | | | | | | | | | | | |
| Name and Address of Person to send Personnel File to.  **If different form above** | |  | | | | | | | | | | | | | | | |
| Special Post Specific Conditions  Please state additional conditions relating to this specific post that are not included in the Job Specification | | *Typical examples – Access to appropriate transport to carry out the role, On Call Rota etc*  *\*Other examples may include: post specific criteria i.e. requires experience in a particular area not covered by the above Clinical Areas/Nationally agreed Job Specification.* | | | | | | | | | | | | | | | |
| If this post is based in a Gaeltacht Area, please state if competency in Irish is a requirement | |  | | | | | | | | | | | | | | | |