Application for Renewal of an Employment Permit

Health Care Assistant (Standard Occupational Classification (SOC) Code 6141)

Form for Submission to the Department of Enterprise, Trade and Employment

# APPLICANT’S DETAILS:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Permit Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personnel Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer/Service Area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your application for renewal of an employment permit is subject to continuing employment in this post, having obtained the relevant QQI level 5 qualification if required, or the employer and clinical lead verifying and confirming that you hold the following qualifications and experience:

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| **Criteria Required** | **Applicant meets criteria (Y/N)** |
| 1. The relevant health skills QQI (formerly FETAC) level 5 qualification.**If yes, then completion of this form is not required. Follow the standard renewal process with DETE.** If not, please continue to fill out the form |  |
|  2. An equivalent relevant health and social care qualification or a comparable health and social care qualification as outlined in the Quality and Qualifications Ireland (QQI) NARIC Ireland framework and/or any additional supporting documentation as required. **It is the responsibility of the Clinical Lead to ensure that the permit holder is in possession of comparable qualifications and that these qualifications are acceptable, in line with the QQI NARIC framework.**  |  |
| 3. Be currently employed as a Health Care Assistant (SOC Code 6141)  |  |
| 4. Must have the personal competence and capacity to properly discharge the duties of the role |  |

# Applicant Declaration

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby make an application for renewal of an employment permit to allow me to continue in the post of a Health Care Assistant and I declare that the above information provided in support of my application is, to the best of my knowledge, correct. I agree to provide validation, where requested in support of my employment permit renewal application.

# Clinical Lead Declaration

I [**NAME**]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as clinical lead of [**Facility Name**] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the above-named employee has demonstrated their technical ability, qualifications, and suitability to the Health Care Assistant role during their employment in this role.

I hereby verify that I have reviewed the person’s qualification(s), competency, and their suitability for this role. I am satisfied that **NAME**] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is suitably qualified and meets the QQI level 5 standard required for renewal of the HCA Employment Permit.

I acknowledge that this application and my approval of this application may be subject to an audit as part of a quality assurance process.

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| **Clinical Lead** |
| **Print Name:** |  |
| **Profession:** |  |
| **Professional Regulatory Body:** |  |
| **Registration Number:** |  |
| **Signature of Clinical Lead** |  |

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by Clinical Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**