|  |  |  |
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| **NHS STANDARD APPLICATION FORM**Please fill in the application form below. Please note that questions marked with an asterisk \* are mandatory and therefore must be answered. |

|  |
| --- |
| **For Office Use Only** |

 |

**APPLICATION FOR EMPLOYMENT WITH**

**Bridgemary Medical Centre**

|  |  |
| --- | --- |
| Job reference number |  |
| Job title |  |
| Department |  |

**Personal Details**

|  |  |
| --- | --- |
| Title |  |
| \*Surname/Family name |  |
| \*First name |  |
| Middle name |  |
| Name in which you are registered with a professional body (if applicable) |  |
| UK national insurance number |  |
| Address |  |
| \*Postcode |  |
| \*Country |  |
| Home telephone number |  |
| Mobile telephone number(only if UK registered) |  |
| *NHS Jobs can send text messages to UK registered mobile for key activities associated with applications.*Tick this box if you wish to receive updates by text message? | 🞎  |
| Work telephone number |  |
| Preferred telephone number | 🞎 Home 🞎 Mobile 🞎 Work |
| Your email address |  |
| \*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? |
| 🞎 Yes 🞎 No |
| If you have answered ‘No’ above, you must answer these questions:  |
| Please select the category that relates to your current immigration status. This status will be subject to checking before interview.  |
| * Highly Skilled Migrant Programme/Tier 1 🞎 Post Graduate Doctors and Dentists
* Indefinite Leave to remain/enter 🞎 Tier 5 Temporary Workers
* Work Permit/Tier 2
* Dependant / Spouse visa
* Working Holiday Visa/Tier 5 Youth Mobility 🞎
* Clinical attachment visa
* Refugee
* Tier 4 student 🞎 Other, please specify below
* Visitor

 ----------------------------------------------------------- |
| Please supply details of any visa currently held: |
| Visa number:Start date: (DD/MM/YY)Expiry date: (DD/MM/YY)Details of any restriction: |
| Does your visa have a condition restricting employment or occupation in the UK? |
| 🞎 Yes 🞎 No |
| Are you an NHS professional returning to practice? | 🞎 Yes 🞎 No |

**APPLICATION FOR EMPLOYMENT**

Details entered in this part of the form will be held by the recruiting employer and will be made available to the short-listing panel.

|  |  |  |  |
| --- | --- | --- | --- |
| Job reference number |  | Online reference number |  |
| Job title |  |
| Department |  |

**Education & Professional Qualifications**

|  |
| --- |
| All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check. |
| Subject/Qualification | Place of study | Grade/result | Year obtained |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Relevant Training Courses Attended**

|  |
| --- |
| Please provide details regarding training courses that you have attended or currently undertaking, together with the date completed or to be completed by. |
| Course title | Training provider | Duration | Year completed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**Membership of Professional Bodies**

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

|  |
| --- |
| \* Please indicate your UK Professional Registration status \* |
| 🞎 I do not have the relevant UK professional registration status🞎 I have current UK professional registration relevant for this post🞎 UK professional registration required and applied for🞎 UK professional registration required but not yet applied for🞎 I am a student🞎 Not required for this post |

If professional registration is not required then go to **Employment History**.

|  |
| --- |
| If you have answered ‘I have current UK professional registration relevant for this post’ then please enter the relevant details below. |
| Professional body | Membership or registration type | Membership/Registration number | Expiry/renewal date |
|  |  |  |  |
|  |  |  |  |

**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history on a separate sheet.

|  |  |
| --- | --- |
| Start date of continuous NHS service (If applicable) *(MM/YYYY)* |  |
|  Months since most recent employment ended (if applicable) |  |

**Current/most recent employer (reference always required)**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone number |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 1**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 2**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 3**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 4**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

If necessary please add additional employers/information on a separate sheet.

**Employment Gaps**

|  |
| --- |
| If you have any gaps within your employment history, please state the reasons for the gaps below. |
|  |

**References**

**Fields marked with an asterisk (*\**) are mandatory**

Please provide the names and full contact details of your referees.

* References must cover a 3 year period of continuous employment, training or education. Your referees will need to confirm this. They may need to comment on your skills, personal qualities and suitability for the post.
* Your referee could be an HR department, line manager or someone in a position of responsibility.
* You must provide an email address for each referee. This may require you to contact your referee to confirm this prior to submitting your application, as this is a mandatory field.
* If you are a student or trainee this should include a teacher/tutor at your school/college or university.
* If you have not been in employment or education for the last 3 years, you may need to supply a character reference or a personal statement. A character reference must not be from a relative or someone who has a financial arrangement with you.
* Emails for employers must be a valid work email address and not the referee’s personal email address unless the email being provided is covering a gap in work history or the employer no longer exists and the referee being used is a personal/character referee.
* All reference requests will be verified by the recruiting employer.

Referees may be approached before interview, unless you state otherwise.

**Referee 1**

|  |  |
| --- | --- |
| \* Type of reference | 🞎 Current employer 🞎 Previous employer 🞎 School/College/University/Higher Education 🞎 Personal/Character |
| Title |  |
| \*Surname/Family name |  | \* First name |  |
| \*Relationship |  |
| Employer name |  |
| Referee job title |  |
| \*Address |  |
| \*Postcode |  |
| Telephone |  | \*Country |  |
| \*Referee email address |  | Fax |  |
| Period this reference covers | From: (MM/YYYY) To: (MM/YYYY) |
| \*Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

**Referee 2**

|  |  |
| --- | --- |
| Type of reference | 🞎 Current employer 🞎 Previous employer 🞎 🞎 School/College/University/Higher Education 🞎 Personal/Character |
| Title |  |
| \*Surname/Family name |  | \* First name |  |
| \*Relationship |  |
| Employer name |  |
| Referee job title |  |
| \*Address |  |
| \*Post Code |  |
| Telephone |  | \*Country |  |
| \*Referee email address |  | Fax |  |
| Period this reference covers | From: (MM/YYYY) To: (MM/YYYY) |
| \*Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application? | 🞎 Yes 🞎 No |

**Additional Personal Information**

|  |  |
| --- | --- |
|  Preferred employment type | 🞎 Full time 🞎 Part time 🞎 Job share 🞎Secondment 🞎 Flexible hours |

**Declaration**

The information in this form is true and complete.

I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation.

Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

|  |
| --- |
| I agree to the above declaration |
| Signature |  |
| Name |  | Date |  |

|  |
| --- |
| Where did you see this vacancy advertised? |
| 🞎 NHS website 🞎 Google🞎 Search engine🞎 Facebook🞎 Twitter🞎 Find a Job🞎 Linkedin🞎 Careers fairs🞎 Other website🞎 National newspaper | 🞎 Local newspaper🞎 British Medical Journal🞎 British Dental Journal🞎 Health Service Journal🞎 College of Occupational Therapists🞎 Community Care🞎 Health Service Journal | 🞎 Doctor🞎 Therapy Weekly🞎 Nursing Times🞎 GP🞎 Hospital Doctor🞎 Pharmaceutical Journal🞎 Podiatry Now🞎 RCN🞎 Physiobob | 🞎 Nursing Standard🞎 Other Professional Journal🞎 Civil Service Jobs🞎 Civil Service Jobs – job alert email🞎 Jobs Go Public🞎 Radio advertising🞎 Other |

**MONITORING INFORMATION**

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is interviewing you.

NHS organisations recognise the benefits of a diverse workforce which reflects the wider population and welcome applications from all sections of the community. Also, under the Equality Act (2010), all NHS organisations must demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. We need to ask applicants some questions to make sure that no one is being unfairly discriminated against or disadvantaged.

The information collected is only used for anonymised monitoring purposes to help the organisation look at the profile of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act (2010).

As well as for monitoring, your date of birth will be used for administration purposes including pre-employment checks and creation of your personal record if you are appointed.

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of

* their age and sex;
* their race which includes colour, nationality, ethnic or national origin;
* their religion or belief, including a lack of any belief;
* their sexual orientation, be it bisexual, gay, heterosexual and lesbian

The Equality Act 2010 also protects people who are married or in a civil partnership.

|  |  |
| --- | --- |
| \* Please state your date of birth |  |
| \* Please indicate your gender | 🞎 Male 🞎 Female 🞎 I do not wish to disclose this  |

**Equality Act 2010**

The Equality Act 2010 protects people who are married or in a civil partnership.

|  |
| --- |
| \* Please indicate the option which best describes your marital status |
| 🞎 Married🞎 Single🞎 Civil partnership🞎 Legally separated | 🞎 Divorced🞎 Widowed🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

|  |
| --- |
| \* Which of the following options best describes how you think of yourself? |
| 🞎 Heterosexual or Straight🞎 Gay or Lesbian🞎 Bisexual | 🞎 Other sexual orientation not listed🞎 Undecided🞎 Not stated (person asked but declined to provide a response) |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

|  |
| --- |
| \* Please indicate your ethnic origin |
| **Asian or Asian British**🞎 Bangladeshi 🞎 Indian🞎 Pakistani🞎 Any other Asian background**Black or Black British**🞎 African🞎 Caribbean🞎 Any other Black background | **Mixed**🞎 White & Asian🞎 White & Black African🞎 White & Black Caribbean🞎 Any other mixed background**White**🞎 British 🞎 Irish🞎 Any other White background | **Other Ethnic Group**🞎 Chinese🞎 Any other ethnic group🞎 I do not wish to disclose this  |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

|  |
| --- |
| \* Please indicate your religion or belief |
| 🞎 Atheism🞎 Buddhism 🞎 Christianity 🞎 Hinduism | 🞎 Islam🞎 Jainism🞎 Judaism🞎 Sikhism | 🞎 Other 🞎 I do not wish to disclose this |

**Equality Act 2010**

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ adverse effect on your ability to carry out normal day to day activities.

Further information regarding the definition of disability can be found here: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

Reasonable adjustments will be made available should you be invited to interview.

|  |  |
| --- | --- |
|  \* According to the definition of disability do you consider yourself to have a disability? | 🞎 Yes 🞎 No🞎 I do not wish to disclose this information |

|  |
| --- |
| Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'. |
| 🞎 Physical impairment 🞎 Learning disability/difficulty 🞎 Sensory impairment 🞎 Long-standing illness 🞎 Mental health condition 🞎 Other  |
| If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme if you meet the minimum criteria as specified in the person specification? |
| 🞎 Yes 🞎 No |

**Relationships**

|  |
| --- |
| If you are related to a partner, or have a relationship with a partner or employee of Bridgemary Medical Centre, please state the relationship: |
|  |

**Safeguarding** (Fields marked with an asterisk (\*) are mandatory

This section of the application form will only be viewed by those who need to see it as part of the recruitment process.

The organisation will treat any information disclosed in the strictest confidence.

**Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act 1974 helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

The organisation aims to promote equality of opportunity and is committed to treating all applicants equally and fairly based on their skills, experience and ability to fulfil the duties of the role being applied for. Suitable applicants will not be refused positions because of criminal record information of other information declared, where it has no bearing on the role (for which you are applying) and no risks have been identified against the duties you would be expected to perform as part of that role.

During the rehabilitation period you are required to declare current 'unspent' criminal convictions or cautions (including reprimands and final warnings).

You are not legally required to provide any information about criminal offences that have become spent. Certain criminal offences can be regarded as spent after a specified rehabilitation period as outlined by the Rehabilitation of Offenders Act 1974.

Answering 'yes' to the question below will not necessarily bar you from appointment. This will depend on the information you provide and the position you are applying for.

|  |
| --- |
| \* Do you have any UNSPENT convictions as outlined in the Rehabilitation of Offenders Act 1974?This includes any unspent convictions that may have been issued in any other country, where it would be an equivalent offence in England and Wales.It also includes all unspent convictions or Summary Hearings that have been issued under military law while serving in the Armed Forces in the UK or any other country, where it would be an equivalent offence in England and Wales.You **are not** required to disclose any information in relation to convictions that have become SPENT. In these circumstances you should select NO to this question.Please refer to further information in the [‘Application form Help - criminal background’](https://ref.nhs.jobs/help/appformhelp_4.html) section before completing this question. \* |
| 🞎 Yes 🞎 No  |
| If you have answered YES, you now have two options on how to disclose this information. *\** 🞎 I want to disclose the information now 🞎 I want to disclose the information separately  |
| If you have selected ‘I want to disclose the information now’ please provide details of the conviction or Summary Hearing including the date and sentence administered in the space below. \* |
| If you have selected ‘I want to disclose the information separately’ you can disclose your record separately together with any statement detailing your unspent conviction or Summary Hearing. A member of the recruitment team will contact you and advise what steps you need to take to submit your details separately. |

|  |
| --- |
| \* Do you have any UNSPENT cautions, reprimands or final warnings as outlined in the Rehabilitation of Offenders Act 1974?This includes any unspent cautions, reprimands or final warnings that may have been issued in any other country, where it would be an equivalent offence in England and Wales.It also includes all unspent cautions that have been issued under military law while serving in the Armed Forces in the UK or any other country, where it would be an equivalent offence in England and Wales.You **are not** required to disclose any information in relation to cautions, reprimands or final warnings that have become SPENT. In these circumstances you should select NO to this question.Please refer to further information in the ['Application form Help - criminal background'](https://ref.nhs.jobs/help/appformhelp_4.html) section before completing this question. \* |
| 🞎 Yes 🞎 No |
| If you have answered YES, you now have two options on how to disclose this information. *\** 🞎 I want to disclose the information now 🞎 I want to disclose the information separately  |
| If you have selected ‘I want to disclose the information now’ please provide details of the cautions, reprimands or final warnings including the date and sentence administered in the space overleaf |
|  |
| If you have selected ‘I want to disclose the information separately’ you can disclose your record separately together with any statement detailing your unspent conviction or Summary Hearing. A member of the recruitment team will contact you and advise what steps you need to take to submit your details separately. |

**Once completed, please forward to** **FGCCG.BridgemaryMedicalCentre-Admin@nhs.net**