

APPLICATION FORM – CONFIDENTIAL PART A

Details entered in this part of the form will be held in the HR department of the recruiting organisation and **will not** be made available to the short listing panel.

Please complete all sections of this form using black ink or type

Internal Ref No:

Post Applied for	Job Reference Number
Department	Applicant Reference Number
To Be Returned To; NLAG Central Bank Office, Scunthorpe General Hospital	Closing Date

Your Personal Details

Ms/Mrs/Mr/Dr/Other	Surname/Family name	
First name	Middle name(s)	Gender
Name in which you are registered with a professional body (if applicable)		
Date of Birth (DD/MM/YY)	UK National Insurance Number (only if you have one)	
Address	Home Tel No.	
	Mobile Tel No.	
	Work Tel No.	
Post Code		
Do you require us to obtain a work permit for you to work in the UK under the terms of Immigration and Asylum Act 1996? Yes / No		May we contact you at work: Yes / No
Please supply details of any permit currently held including number, validity and expiry date below:		
Are you a Department of Work and Pensions New Deal Candidate?		Yes / No
Are you an NHS professional returning to work?		Yes / No

Equal Opportunities Monitoring

Race Relations (Amendment) Act 2000. As Public Sector Employers, NHS organisations are required to collect details about an applicant's ethnicity. This information is collected to fulfil that obligation and is used for monitoring purposes only. I would describe my ethnic origin as (*please tick*):

White:		J	Pakistani	
A	British	K	Bangladeshi	
B	Irish	L	Any other Asian background	
C	Other White	Black or Black British:		
Mixed:		M	Caribbean	
D	White and Black Caribbean	N	African	
E	White and Black African	P	Other Black	
F	White and Asian	Other Ethnic Groups:		
Other Mixed		R	Chinese	
G	Asian or Asian British	S	Any other ethnic group	
H	Indian		Not stated	

Employment Equality Regulations 2003

In order to comply with these regulations NHS Employers are monitoring sexual orientation and religion/belief in applications. Please answer the following questions.

Please indicate that which describes your sexuality:	Please indicate your religious belief:
--	--

Disability Discrimination Act 1995

NHS employers welcome applications from disabled people. Under the terms of the act a disability is defined as a 'physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities'.

Do you consider yourself to have a disability?	Yes / No
If yes, please give details:	
Please describe any measures or reasonable adjustment which you feel should be made to the recruitment process assist you in your application for this post.	

Rehabilitation of Offenders Act

In order to protect certain vulnerable groups within society, there are a number of posts and professions that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. These include posts where, in the normal course of their duties, successful applicants will have access to persons in receipt of health services. If the post you have applied for falls within the above category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act (Exceptions Order) 1975.

Applications are, therefore not entitled to withhold information about convictions which for other purposes are 'Spent' under the provisions of the act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the employing organisation. Any information given will be confidential and will be considered only in relation to posts to which the order applies.

Have you at any time received, or had pending, a court conviction?	Yes / No
If yes, please give details:	

If you are applying for a post involving access to persons in receipt of health services, your offer of employment may be subject to a satisfactory disclosure from the Criminal Records Bureau. Failure to reveal information relating to any convictions could lead to withdrawal of an offer or termination of employment.

Relationships

If you are related to a director, or have had a relationship with a director or employee of an appointing organisation, please state the relationship:

Name of director/employee:
Relationship:

**APPLICATION FORM – CONFIDENTIAL
PART B**

Details entered in this part of the form will be held in the HR department of the recruiting organisation and **will** be made available to the shortlisting panel.

Internal Ref No: _____

Education & Professional Qualifications

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.

Subject/Qualification	Place of Study	Grade/Result	Year

Training Courses Attended

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking, together with the date completed or to be completed.

Course title	Training provider	Duration	Completion

Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships.

Indicate your Professional Registration Status:

**If you answered "I have a current UK registration" then please enter the relevant details below.
If professional registration is not required then go to Employment History.**

Professional body and membership:

Membership/Registration/PIN number:

Expiry/Renewal date:

If you are applying for a post that requires professional registration you are required to provide the following information.

Are you currently the subject of a fitness practice to investigation or proceedings by a licensing or regulatory body in the UK or in any other country? Yes / No

If yes, please give details:

Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country? Yes / No

If yes, please give details:

Employment History

Please record below the details of your current or most recent employer.

Employer Name & Address:	Job Title:
	Type of Business:
	Reporting to:
	Telephone Number:
Start Date:	End Date (if applicable)
Grade	Salary £
Period of notice	Reason for leaving (if applicable)

Start date of continuous NHS service (only fill in if you are employed in the NHS)

Brief description of your duties and responsibilities

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the "Supporting Information" section below.

Employer's Name & Address	Job Title, Grade, Salary, Speciality	Main Duties & Responsibilities & Reason for Leaving	Dates From/To

Additional Personal Information

Preferred employment type (<i>please delete those that do not apply</i>):	
Full Time / Part Time / Job Share / Secondment / Flexible Hours	
Do you have a valid driving licence for the UK?	Yes / No
Please specify the vehicle category for which you hold a licence (<i>please tick all that apply</i>):	
Motorbike (A)	Minibus with Trailer (D1+E)
Car (B)	Large Goods Vehicle (C)
Car with Trailer (B+E)	Large Goods Vehicle with Trailer (C+E)
Medium Sized Vehicle (C1)	Passenger Carrying Vehicle (D)
Medium Sized Vehicle (C1 +E)	Passenger Carrying Vehicle (D+E)
Minibus (D1)	C1 Provisional Licence
Do you have access to a vehicle which can be used for work purposes?	Yes / No
Do you hold a POPUMET Certificate? (required for Radiologists)	Yes / No

Supporting Information

In this box please give your reasons for applying for this post and addition information which shows how you match the person specification. This can include relevant skills, knowledge, experience, voluntary activities and training etc.

If relevant to the post for which you are applying, you should include details about research experience, publications or poster presentations, clinical care (knowledge and skills) and clinical audit.

Please continue on a separate sheet if necessary

References

Please give the names of the people who have agreed to supply references. If you are or have been employed these should be your two most recent employers, your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable.

For all posts written references obtained must cover the preceding 3 years of employment. For all positions you must provide 2 references. Applications for medical positions require 3 references.

All referees will be approached prior to interview unless you indicate otherwise below.

Referee 1

Ms/Mrs/Mr/Dr/Other	Surname/Family name	First name
Address		Postcode
Telephone	Fax	
Email	Relationship	
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	Can the referee be approached prior to interview? Yes / No	

Referee 2

Ms/Mrs/Mr/Dr/Other	Surname/Family name	First name
Address		Postcode
Telephone	Fax	
Email	Relationship	
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	Can the referee be approached prior to interview? Yes / No	

Referee 3

(Medical Staff only)

Ms/Mrs/Mr/Dr/Other	Surname/Family name	First name
Address		Postcode
Telephone	Fax	
Email	Relationship	
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	Can the referee be approached prior to interview? Yes / No	

Declaration

The information in this form (Parts A & B) 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. This applies equally to any medical questionnaire/forms I may complete/

I agree to the above declaration.

Signature: _____ Date: _____