# A blue background with white text  Description automatically generated

To be considered for the role you are applying for, please complete this Application Form and return to the HR Department.

Return to the HR Department, via email, at: recruitment@shropdoc.nhs.uk

Please fill in both parts of the form and check it carefully before sending. Please note that sections marked with an asterisk **\***are **MANDATORY** and must be completed.

|  |  |  |
| --- | --- | --- |
| Job Title: |  | Applicant No: |

**1. Personal Details \***

|  |  |
| --- | --- |
|  Surname/Family Name: |  |
| Initials only: |  |
| UK National Insurance No: |  |
| Full Address: |  |
| Postcode: |  |
| Telephone (mobile or home): |  |
| Email Address: |  |
| Do you hold a full UK Drivers licence: |  |
| Eligibility to work in the UK – please tick the box that reflects your situation |
|  [ ]  I am a British citizen with the right to work in the UK. [ ]  I am a EU citizen and I have the right to work in the UK with a Share Code. [ ]  I do not have the right to work in the UK. |

**2. Education & Professional Qualifications**

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

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| --- | --- | --- | --- |
| Subject/Qualification | Place of study | Grade/Result | Year  |
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**3. Training Courses**

## Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.

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| --- | --- | --- | --- |
| Course Title | Training Provider | Duration | Date Completed |
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4. Membership of Professional Bodies

Please include in any relevant professional registrations or memberships.

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| --- | --- | --- | --- |
| Professional Body | Membership or Registration type | Membership/Registration/PIN | Expiry/Renewal Date |
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## 5. Current Employment \*

|  |  |
| --- | --- |
| Employer Name: |  |
| Address: |  |
| Email address: |  | Telephone: |  |
| Job Title: |  |
| Start Date: |  | End Date: |  |
| Grade:(if applicable) |  | Salary: |  |
| Reporting to:(job title) |  | Period of Notice: |  |
| Reason for leaving (if applicable): |
|  |
| Description of your duties and responsibilities |
|  |

Please provide details of your currently employment. If currently unemployed please mark unemployed.

**6. Previous Employment \***

Please provide a full and comprehensive list of your previous employment from leaving full-time education. Please explain any gaps in employment in the section 8. Please continue on a separate sheet if needed.

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| **Employment Dates:** | **Employer Name and address:** | **Job title and brief description of job responsibilities** | **Reason for leaving** |

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| Start Date |  |  |  |  |
| End Date |  |

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| **Employment Dates:** | **Employer Name and address:** | **Job title and brief description of job responsibilities** | **Reason for leaving** |

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**7. Gaps in Employment \***

Please provide details of any employment gaps between leaving full-time education and your current role.

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| --- | --- | --- |
| From Month/ Year | To Month/ Year | Reason for gap in employment |
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**8. Supporting information \***

In this section, please give your reasons for applying for this post and additional information which shows how you match the job description and 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 clinical care (knowledge and skills) and clinical audits, etc.

*(Please continue on an additional sheet if necessary*).

|  |
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|  |

9. References \*

Please provide the names of your most recent employment below. P**lease provide referees that cover the last 3 years of your employment.** Referees may be approached prior to interview unless you indicate otherwise. Please note that personal references such as friends and relatives are not acceptable.

### Referee 1

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Address |  |
| Postcode |  | Telephone number |  |
| Email address |  |
| Relationship |  | Can the referee be approached prior to interview? |   |

### Referee 2

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Address |  |
| Postcode |  | Telephone number |  |
| Email address |  |
| Relationship |  | Can the referee be approached prior to interview? |   |

### Referee 3

|  |  |
| --- | --- |
| \*Name |  |
| Job Title |  |
| Address |  |
| Postcode |  | Telephone number |  |
| Email address |  |
| Relationship |  | Can the referee be approached prior to interview? |   |

**10. Safeguarding Checks \***

Please be aware that Shropdoc will apply for a Disclosure and Barring Service (DBS) for all positions. The role you apply for will determine whether a standard or enhanced check is required. If you are successful in your application, you will be required to complete a DBS Disclosure online. Employment at Shropdoc will be conditional upon Shropdoc being satisfied with the results of the DBS Disclosure check. Any criminal records information that is disclosed to Shropdoc will be handled in accordance with any guidance and/or Code of Practice published by the DBS.

Shropdoc may also apply for a check of Children’s Barred list and Adults Barred List (if the role is in regulated activity with children and vulnerable adults). Please be aware that it is unlawful for Shropdoc to employ someone who has been barred and it is a criminal offence for a person to apply if they are barred from doing so.

The role you are applying for is exempt from the Rehabilitation of Offenders Act 1974 and Shropdoc is therefore permitted to ask you to declare all convictions and cautions (including those considered “Spent”) in order to assess your suitability to work with children and vulnerable adults. You are asked to provide information about your suitability by completing a self-declaration at the end of this application form.

**11. Declaration \***

Please tick the following statements as applicable:

|  |
| --- |
| [ ]  I confirm that I have the right to work in the UK  |
| [ ]  I confirm that I am not named on the Children’s Barred List and/or disqualified from working with children. |
| [ ]  I confirm that I am not named on the Adults Barred List and/or disqualified from working with vulnerable adults  |
| [ ]  I confirm and certify that to the best of my knowledge the information I have provided on this application form, and all other supporting information are true and correct. I understand that if I provide misleading or incorrect information or have failed to disclose information this will result in the termination of any contract of employment offered. |

|  |
| --- |
| By signing below, you agree to the above declaration (A digital signature will be taken as your declaration of the above) |
| Signature |  |
| Date:  |  |

### THESE NEXT PAGES WILL BE DETACHED FROM THE APPLICATION FORM

### EQUAL OPPORTUNITIES FORM

As part of Shropdoc’s commitment to diversity and inclusion we are collecting information regarding ethnicity, sexual orientation and disability. This information will be kept separate from your application form and data collected will be used for monitoring purposes only.

|  |
| --- |
| PERSONAL INFORMATION: |
| Surname: |  | Previous Surnames used: |  |
| First Names: |  | Preferred title: |  |
| Date of Birth: |  | Age: |  |
| Gender |  | Post Applied for: |  |

|  |
| --- |
| \*I would describe my ethnic origin as follows: |
| **Asian or Asian British** | Mixed | Other Ethnic Group |
| Black or Black British | White |  |

|  |
| --- |
| \*Do you have a sexual orientation towards: |
|  |  |
| \*Please indicate your religion or belief: |
|  |  |  |

|  |
| --- |
| Tell us where you saw our job advertisement? |
|  |

**Disability Discrimination Act 1995**

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'. As an equal opportunity employer, Shropdoc welcomes applications from disabled people. If you are disabled and meet the essential criteria on the person specification you will be offered an interview for the role.

|  |  |
| --- | --- |
| \* Do you consider yourself disabled? |  |
| If yes, do you need special arrangements to enable you to attend for interview? |  |
| If yes, please give details: |
|  |

**Relationships**

If you are related to any Shropdoc employee, please state the relationship.

|  |  |
| --- | --- |
| Name: | Relationship: |
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### CRIMINAL RECORD SELF-DECLARATION

## All information will be treated as confidential and managed in accordance with the DBS Code of Practice. Please also refer to our Rehabilitation of Offenders Policy which can be found on our website.

|  |
| --- |
| PERSONAL INFORMATION: |
| SURNAME: |  | Previous Surnames used: |  |
| First Names: |  | Preferred title: |  |
| Date of Birth: |  | Age: |  |
| Gender |  | Post Applied for: |  |

|  |  |  |
| --- | --- | --- |
| 1. Do you have any cautions or spent convictions that are related to children or vulnerable adults?  |  [ ]  No | [ ]  Yes – Please provide further details |
| 2. Are you subject to any criminal investigations or pending prosecutions by the police in any country which may have a bearing on your suitability for this position?  |  [ ]  No | [ ]  Yes – Please provide further details |
| 3. Have you been subject to any formal action, disciplinary investigations, or dismissed in any employment or volunteer work relating to children or vulnerable adults?  |  [ ]  No | [ ]  Yes – Please provide further details |

|  |
| --- |
| By signing below, you agree to the above declaration (A digital signature will be taken as your declaration of the above)I confirm and certify that to the best of my knowledge the information I have provided on this self-declaration form are true and correct. I understand that if I provide misleading or incorrect information or have failed to disclose information this will result in the termination of any contract of employment offered. |
| Signature |  |
| Date:  |  |