

**SHROPDOC APPLICATION FORM**

Please fill in this Application Form, it is split into two parts: Part A and Part B. Please fill in both parts of the form and check it carefully before sending. Please note that questions marked with an asterisk '\*' are mandatory and must be answered. Return to: Human.Resources@shropdoc.nhs.uk

**Application for Employment - Part A**

|  |  |  |  |
| --- | --- | --- | --- |
| Role applied for:   |  | Position No: |  |

**How did you hear of this vacancy?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Our Website | NHS Jobs | Social Media | Indeed | LinkedIn |
|  |  |  |  |  |

**Personal Details**

|  |  |
| --- | --- |
| Surname/Family Name |  |
| First Names |  |
| Title |  |  |  |
| UK National Insurance No. |  | E-mail address\*: |  |
| Home Address |  |
| Postcode |  | Country |  |
| Home Telephone |  | Mobile Telephone\* |  |
| Do you need a UK work permit to do this job under the terms of the Immigration and Asylum Act 1996? |
|  |  |
| Details of any permit currently held: |
|  |
| Do you have a valid driving licence for the UK? |  |
| Do you have access to a vehicle which can be used for work purposes? |  |

**APPLICATION FOR EMPLOYMENT - PART B**

**Employment History (Please record below the details of your current or most recent employer)**

|  |  |
| --- | --- |
| Employer Name |  |
| Address |  |
| Job Title  |  | Notice Period  |  |
| Start Date  |  | End Date  |  |
| Reporting to (job title) |  | Current Salary |  |
| Reason for leaving (if applicable) |
|  |
| 54 Description of your duties and responsibilities |
|  |
| 1. **Previous Employer**

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. Please add additional employers/information on a separate sheet. |
| Employer Name |  |
| Address |  |
| Job Title |  | Reason for leaving |  |
| From Date |  | To date |  |
| Description of your duties and responsibilities |
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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. Please add additional employers/information on a separate sheet. |
| Employer Name |  |
| Address |  |
| Job Title |  | Reason for leaving |  |
| From Date |  | To date |  |
| Description of your duties and responsibilities |
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| 1. **Previous Employer**

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. Please add additional employers/information on a separate sheet. |
| Employer Name |  |
| Address |  |
| Job Title |  | Reason for leaving |  |
| From Date |  | To date |  |
| Description of your duties and responsibilities |
|  |

**Education & Professional Qualifications**

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| Include in this section all relevant qualifications. Please also indicate subjects currently being studied. |
| *Subject/Qualification* | *Place of study* | *Grade/Result* | *Year*  |
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**Training Courses Attended**

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| Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking. |
| *Course Title* | *Training Provider* | *Duration* | *Date Completed* |
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**Supporting information**

In this section please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with this application form). This can include relevant skills, knowledge, experience, voluntary activities

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**Membership of Professional Bodies**

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| --- |
| My Professional Registration status is: |
|  |  |

|  |
| --- |
| If you are registered then please enter the relevant details below.  |
| *Professional Body* | *Membership or Registration type* | *Membership/Registration/PIN* | *Expiry/Renewal Date* |
|  |  |  |  |
|  |  |  |  |

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

|  |  |
| --- | --- |
| Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country? |  |
| Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country? |  |

**DECLARATION**

The information in this form (parts A&B) are 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** |  |
| **Name** |  | **Date** |  |

**Additional Pre-Employment Information Form**

**STRICTLY CONFIDENTIAL - Rehabilitation of Offenders Act 1974**

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. As the post you have applied for falls within this 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. The amendments to the Exceptions Order 1975 (2013) provide that certain ‘spent’ convictions and cautions are ‘protected’ and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service Website (<https://www.gov.uk/government/news/disclosure-and-barring-service-filtering>).

Individuals applying for positions which involve a ‘regulated activity’ are required to have a check by the Disclosure and Barring Service and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults. The full definition of ‘regulated activity’ is defined in the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012. Any offer of employment may be subject to a satisfactory disclosure from the Disclosure and Barring Service. Failure to reveal information relating to any convictions/cautions could lead to withdrawal of an offer of employment.

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| --- | --- |
| Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the UK or in any other country? You do not need to disclose ‘protected’ ‘spent’ convictions or cautions as defined by the Exceptions Order 1975 (2013). |  |
| Are you currently subject to any criminal investigations and any pending prosecutions by the police which may have a bearing on your suitability for this post? |  |
| If yes, please give details: |
|  |
| **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'. Shropdoc welcomes applications from disabled people.  |

 The information you provide will be used for determining your suitability for the position you have applied for.

|  |  |
| --- | --- |
| Do you consider yourself disabled? |  |
| If yes, please tell us about any reasonable adjustment you need to help you with your employment application: |
|  |
| If yes, please tell about any reasonable adjustment you need to help you do the job for which you are applying: |
|  |

**Relationships**

|  |  |
| --- | --- |
| Do you have family or close relationship with an existing employee or director of Shropdoc?  |  |
| If yes, please give details: |
|  |

**DECLARATION**

The information I have provided 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.
This applies equally to any medical questionnaire/forms I may complete.

|  |
| --- |
| **I agree to the above declaration:** |
| Name (please print) |  |
| Signature |  | **Date** |  |

Equal Opportunities Monitoring Form

Shropdoc is an equal opportunity employer. We are proud of our diverse workforce and are committed to ensuring that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

Your participation by completing this form, will assist us in our commitment of consistent and fairly implemented policies and procedures of equal opportunities. We will use your data to compile statistics on the representation amongst our workforce of the categories listed. To use this information we need your consent, therefore, if you are happy to do so, please could you complete and sign the consent box below, to provide your consent to your data being used for the purposes stated and return the completed form with your recruitment application. Your responses will be kept strictly confidential and will not be used in any decisions affecting you. Completion of this form is optional and you may withdraw your consent at any time by contacting our HR Department at human.reources@shropdoc.nhs.uk .

Thank you for your support in assisting Shropdoc in our commitment to equality, diversity and inclusion.

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| --- |
| **I give my consent to my data being used for the purposes detailed above** |
| **Position Applied For:** |  |
| **Name (please print)** |  |
| **Signature** |  | **Date** |  |
| **How would you best describe your gender?** |
| [ ]  Male[ ]  Female[ ]  Prefer not to say[ ]  Prefer to self-describe and would self-describe as  |
| **Do you identify as trans?** |
| [ ]  Yes[ ]  No[ ]  Prefer not to say[ ]  Prefer to self-describe and would self-describe as |
| **Is the gender you identify with the same as your gender registered at birth?** |
| [x]  Yes[ ]  No[ ]  Prefer not to say |
| **What is your age?** |
| [ ]  18-24[ ]  25-29[ ]  30-39[ ]  40-49[ ]  50-59[ ]  60-64[ ]  Prefer not to say |
| **How would you describe your ethnic origin?** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. |
| **Asian or Asian British**[ ]  Bangaladeshi[ ]  Indian[ ]  Pakinstani[ ]  Any other Asian backgroundBlack or Black British[ ]  African[ ]  Carribean[ ]  Any other Black backgroundMixed[ ] White and Asian[ ]  White and Black African[ ]  White and Black Carribean[ ]  Any other Mixed backgroundWhite[ ]  British[ ]  Irish[ ]  Any other White backgroundOther Ethnic Group[ ]  Chinese[ ]  Any other Ethnic group[ ] I prefer not to say |
| **How would you best describe your sexual orientation?** |
| [ ]  Heterosexual (straight) [ ]  Gay [ ]  Lesbian [ ]  Bisexual [ ]  Prefer not to say [ ]  Prefer to self-describe |
| **What is your religion or belief?** |
| [ ]  Atheism[ ]  Bhuddism[ ]  Christianity[ ]  Hinduism[ ]  Islam[ ]  Jainism[ ]  Judaism[ ]  Sikhism[ ]  Other[ ]  I prefer not to say |
| **Do you consider yourself to have a disability?**The Disability Discrimination Act 1995 defines a disability 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 the information collated on this form is for monitoring purposes only, if you require any support to attend interview, please could you advise the Recruitment Manager prior to your interview. |
| [ ]  Yes[ ]  No[ ]  Prefer not to say |