# SHROPSHIRE DOCTORS CO-OPERATIVE LIMITED (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: HR Department , Shropdoc, Unit A, 3 Longbow Close, Shrewsbury, SY1 3GZ or [recruitment@shropdoc.nhs.uk](mailto:recruitment@shropdoc.nhs.uk) |

# Application For Employment - Part A

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

## How did you hear of this vacancy?

|  |  |  |  |
| --- | --- | --- | --- |
| Our Website | NHS Jobs | Word of Mouth | Other (please specify) |

## Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1\* Surname/Family Name |  | | | |
| 2,3\* First Names |  | | | |
| 4 Title |  | 5 |  | |
| 6 UK National Insurance No. |  | 7\* Gender |  | |
| 8\* Address |  | | | |
| 13\* Postcode |  | 14\* Country | |  |
| 15 Home Telephone |  | 16 Mobile Telephone\* | |  |
| 17 Work Telephone |  | 18 May we contact you at work? | |  |
| 19\* Do you need a UK work permit to do this job under the terms of the Immigration and Asylum Act 1996? | | | | |
|  | |  | | |
| 20 Details of any permit currently held: | | | | |
|  | | | | |
| 21 E-mail address\*: | | | | |
|  | | | | |

## Equal Opportunities Monitoring

### Race Relations (Amendment) Act 2000

As part of our Equal Opportunities Policy and Procedure we ask you to give the following information about applicant’s ethnicity. This information is collected and is used for monitoring purposes only.

|  |  |  |
| --- | --- | --- |
| 23\* I would describe my ethnic origin as follows: | | |
| **Asian or Asian British** | Mixed | Other Ethnic Group |
| Black or Black British | White |  |

### Employment Equality Regulations 2003

In order to comply with these regulations and as part of our Equal Opportunities Policy and Procedure we are monitoring sexual orientation and religion/belief in applications.

|  |  |  |
| --- | --- | --- |
| 24\* Do you have a sexual orientation towards: | | |
|  |  | |
| 25\* Please indicate your religion or belief: | | |
|  |  |  |

### 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.

|  |  |
| --- | --- |
| 26\* Do you consider yourself disabled? |  |
| 27 If yes, do you need special arrangements to enable you to attend for interview? |  |
| 28 If so, please give details: | |
|  | |

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. 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>)

Any information given will be confidential and will be considered only in relation to posts to which the order applies.

|  |  |
| --- | --- |
| 29\* 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 detailed above) |  |
| 30 If so, please give details: | |
|  | |

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 which came into force on 10 September 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.

## Relationships

|  |
| --- |
| 31 If you are related to a director, or have a relationship with a director or employee of Shropdoc please state the relationship: |
|  |

# 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 |  |

## APPLICATION FOR EMPLOYMENT - PART B

Details entered in this part of the form will be held in the HR Department and will be made available to the short‑listing panel.

|  |  |  |
| --- | --- | --- |
| Job Title |  | Applicant No. |

## Additional Personal Information

|  |  |  |
| --- | --- | --- |
| 32 Preferred Employment Type |  | |
| 33 Do you have a valid driving licence for the UK? | |  |
| 34 Do you have access to a vehicle which can be used for work purposes? | |  |

## Education & Professional Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| 35 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

|  |  |  |  |
| --- | --- | --- | --- |
| 36 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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Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships.

|  |  |
| --- | --- |
| 37\* My Professional Registration status is: | |
|  |  |

If professional registration is not required then go to question 41.

|  |  |  |  |
| --- | --- | --- | --- |
| 38 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:

|  |  |
| --- | --- |
| 39 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? |  |
| 40 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? |  |

## Employment History

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 41 Employer Name |  | | | | |
| 42 Address |  | | | | |
| 43 Type of Business |  | | 44 Telephone |  | |
| 45 Job Title |  | | | | |
| 46 Start Date |  | 47 End Date |  | |  |
| 49 Grade |  | | 50 Salary | |  |
| 51 Reporting to (job title) |  | | 52 Period of Notice | |  |
| 53 Reason for leaving (if applicable) | | | | | |
|  | | | | | |
| 54 Description of your duties and responsibilities | | | | | |
|  | | | | | |

Previous Employment

55 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.

### Previous Employer 1

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Job Title |  |  | |
| From Date |  | To date |  |
| Reason for leaving | | | |
|  | | | |
| Description of your duties and responsibilities | | | |
|  | | | |

### Previous Employer 2

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Job Title |  |  | |
| From Date |  | To date |  |
| Reason for leaving | | | |
|  | | | |
| Description of your duties and responsibilities | | | |
|  | | | |

### Previous Employer 3

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Job Title |  |  | |
| From Date |  | To date |  |
| Reason for leaving | | | |
|  | | | |
| Description of your duties and responsibilities | | | |
|  | | | |

## 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 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 audit.

|  |
| --- |
| 56 Supporting Information (Please continue on additional sheets if necessary) |
|  |
| For Primary Care Assistant/Driver Job Roles and Urgent Care Practitioners please complete the following:  Number of Hours Required on average each week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Base/Location preferred : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Weekend Working YES / NO  Overnight Working YES / NO  Evening Working YES / NO  Daytime Only Working YES / NO |

References

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been, employed these should be your two most recent employers. These may include 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 medical or financial posts you must additionally provide a 3rd reference**. For all posts written references obtained must cover at least the preceding 3 years of employment. All referees will be approached prior to interview unless you indicate otherwise.

### Referee 1

|  |  |  |  |
| --- | --- | --- | --- |
| 57\* Name |  | | |
| 59 Job Title |  | | |
| 62\* Address |  | | |
| 65\* Postcode |  | 66\* Country |  |
| 67 Telephone |  | 68 Fax |  |
| 69 Email |  | | |
| 70\* Relationship |  | 71\* Can the referee be approached prior to interview? |  |

### Referee 2

|  |  |  |  |
| --- | --- | --- | --- |
| 72\* Name |  | | |
| 74 Job Title |  | | |
| 75\* Address |  | | |
| 80\* Postcode |  | 81\* Country |  |
| 82 Telephone |  | 83 Fax |  |
| 84 Email |  | | |
| 85\* Relationship |  | 86\* Can the referee be approached prior to interview? |  |

### Referee 3

|  |  |  |  |
| --- | --- | --- | --- |
| 87 Name |  | | |
| 89 Job Title |  | | |
| 90 Address |  | | |
| 95 Postcode |  | 96 Country |  |
| 97 Telephone |  | 98 Fax |  |
| 99 Email |  | | |
| 100 Relationship |  | 101 Can the referee be approached prior to interview? |  |