

NHS STANDARD APPLICATION FORM

For Office Use Only
Online Reference Number:

Please fill in the Application form, which is split into three parts. Please complete the form and check it carefully before returning it. If you wish to apply on-line you can do so at www.nhs.uk/jobs. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

APPLICATION FOR EMPLOYMENT WITH:

NHS Derby City and NHS Derbyshire County

APPLICATION FOR EMPLOYMENT

Details entered in this part of the form will be held in the HR department of the recruiting organisation. Access to this information will be withheld from the shortlisting panel.

Job Reference Number	
Job Title	
Department	

Personal Details

*Surname/Family Name	
*First Names	
Name in which you are registered with a professional body (if applicable)	
Title	
UK National Insurance No	
Address	
*Postcode/ Zip code	
* Country	
Home Telephone	
Mobile Telephone	
Work Telephone	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address	
*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please select the category that relates to your current immigration status. This status will be subject to checking before interview.	
<input type="checkbox"/> HSMP/Tier 1 <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Student <input type="checkbox"/> Visitor	
<input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Working Holiday Visa/Tier 5 Youth Mobility <input type="checkbox"/> Refugee <input type="checkbox"/> Other, please specify below	
Please supply details of any visa currently held, including number, start/expiry dates and details of any restrictions.	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of Restriction:	
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Department of Work & Pensions New Deal Candidate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an NHS professional returning to practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently work in the NHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have a disability, do you require any reasonable adjustments to be made during the recruitment process, including interview?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please supply details below;	
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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

MONITORING INFORMATION

This section of the application form will be detached from your application form and will be used for monitoring purposes only.

NHS Organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

* Date of Birth	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race relations (Amendment) Act 2000

* I would describe my ethnic origin as:		
<p>Asian or Asian British</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<p>Mixed</p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background	<p>Other Ethnic Group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this
<p>Black or Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	

Employment Equality Regulations 2003

* Please select the option which best describes your sexuality		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this	
* Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Judaism	<input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

Disability Discrimination Act 1995 and 2005

The Disability Discrimination Act protects disabled people. The Disability Discrimination Act defines disability as a physical or mental impairment with long-term, substantial effects on the ability to carry out normal day to day activities. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you work and your work arrangements and at interview.

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. 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'.	
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Problem	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'.

During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

Before you can be considered for appointment with the NHS we need to be satisfied about your character and suitability.

The NHS aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation, age or belief. The NHS undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

* Have you any unspent criminal convictions or bindovers, or any cautions, warnings or reprimands?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 of employment.

Relationships

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

* 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?			
<input type="checkbox"/> NHS Website	<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nursing Standard
<input type="checkbox"/> Search Engine	<input type="checkbox"/> British Medical Journal	<input type="checkbox"/> Therapy Weekly	<input type="checkbox"/> Other Professional Journal
<input type="checkbox"/> Other Website	<input type="checkbox"/> Health Service Journal	<input type="checkbox"/> Nursing Times	<input type="checkbox"/> Jobcentre Plus
<input type="checkbox"/> National Newspaper	<input type="checkbox"/> Hospital Doctor	<input type="checkbox"/> GP	<input type="checkbox"/> Radio
			<input type="checkbox"/> Other

Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships. If you are registered then please enter the relevant details below; this information will be subject to a satisfactory check.

* Please indicate your Professional Registration status if relevant to this post:	
<input type="checkbox"/> I do not have the relevant UK professional registration status <input type="checkbox"/> I have current UK professional registration <input type="checkbox"/> UK professional registration required and applied for	<input type="checkbox"/> UK professional registration required but not yet applied for <input type="checkbox"/> I am a student <input type="checkbox"/> Not required for this post

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

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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicable, please provide details of any conditions/restrictions you may have.

Employment History

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

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Start of continuous NHS service			
Grade		Salary	
Reporting to (job title)		Notice Period	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of your previous employment, (minimum 3 years), beginning with the most recent first. Up to 5 previous employments can be entered here. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 4

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 5

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Please add additional employers/information on a separate sheet.

If you have any gaps within your employment history, please state below.

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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 the 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 poster presentation, clinical care (knowledge and skills) and clinical audit.

Supporting information (Please continue on additional sheets if necessary).

Additional Personal Information

Preferred Employment Type	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Job Share	<input type="checkbox"/> Secondment	<input type="checkbox"/> Flexible Hours
If applicable to the post, do you hold a certificate to support your responsibilities under IR(ME)R 2000?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Evidence of relevant training and experience is required for those justifying or undertaking x-rays, interventional radiology, CT scans etc. Please place this evidence within your supporting statement.

References

Please state the names and contact details of the people who have agreed to supply references covering a minimum of 3 years employment/training. If you are or have been employed, these should include 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. If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of some standing within your community i.e. doctor, solicitor, MP etc. Where it is not possible to obtain any employer reference at all then please obtain two personal references. Where no personal reference can be obtained then references should be sought from personal acquaintances not related to or involved in any financial arrangement with you. If you have undergone training to return to work then the academic institution should be contacted. Personal references such as friends and relatives are not acceptable unless stated previously.

Please note, all reference requests will be sought and employment history verified through the organisation's central Human Resources/Personnel Department or equivalent therefore, please ensure that you provide their full contact details. Referees may be contacted prior to interview.

Referee 1

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		* Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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