

NHS STANDARD APPLICATION FORM

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.

<p>For Office Use Only Online Reference Number:</p>
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APPLICATION FOR EMPLOYMENT WITH

MANCHESTER PRIMARY CARE TRUST

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			
If 'no', do you have any evidence of entitlement to enter and work permanently in the United Kingdom (UK), i.e. settled status?			
<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"/> Highly Skilled Migrant Programme <input type="checkbox"/> Work Permit <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Visitor		<input type="checkbox"/> Permit Free Training <input type="checkbox"/> Limited leave to remain <input type="checkbox"/> Working holiday visa <input type="checkbox"/> Refugee <input type="checkbox"/> Other, please specify below	

Please supply details of any permit currently held, including number, validity and expiry date	
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
If you have a disability do you require any specific arrangements to enable you to attend for 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:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

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"/> Other	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> I do not wish to disclose this

Disability Discrimination Act 1995

The Disability Discrimination Act protects disabled people. 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 Condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other	

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemption) Order 1975. Applicants are, therefore, not entitled to withhold information about current convictions or those which for other purposes are considered "spent" under the provisions of the Act. Any information given will be confidential and will only be considered in relation to an application for a position to which the Order applies.

Having an unspent conviction or caution does not automatically debar you from being considered for a post, even if the post requires a Criminal Records Bureau check to be undertaken. The withholding of information will invalidate your application and, if relevant, your appointment.

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 or age. The NHS undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared. Please answer the following question:

* 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 omissions, 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	

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.

* Please indicate your Professional Registration status:	
<input type="checkbox"/> Not Required for this post <input type="checkbox"/> I have current UK registration	<input type="checkbox"/> UK registration applied for <input type="checkbox"/> UK registration not yet applied for <input type="checkbox"/> I am a student

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

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 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		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			

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
Do you have a valid driving licence for the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify the vehicle category for which you hold a licence	<input type="checkbox"/> Motorbike (A) <input type="checkbox"/> Car (B) <input type="checkbox"/> Car with Trailer (B + E) <input type="checkbox"/> Medium Sized Vehicle (C1) <input type="checkbox"/> Medium Sized Vehicle with Trailer (C1 + E) <input type="checkbox"/> C1 Provisional Licence <input type="checkbox"/> Minibus (D1) <input type="checkbox"/> Minibus with Trailer (C1 + E) <input type="checkbox"/> Large Goods Vehicle (C) <input type="checkbox"/> Large Goods Vehicle with Trailer (C + E) <input type="checkbox"/> Passenger Carrying Vehicle (D) <input type="checkbox"/> Passenger Carrying Vehicle with Trailer (D + E)
If you have penalty points, please state the Endorsement Offence Codes and the date of issue	
Do you have access to a vehicle which can be used for work purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a POPUMET certificate (required for radiologists)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 all posts written references obtained must cover the preceding 3 years of employment. All referees will be approached prior to interview unless you indicate otherwise.

Referee 1

*Surname/Family name		First Name	
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	
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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