

Application Form

Applicant Ref:

(office use only)

Medical and Dental

AN EQUAL OPPORTUNITIES EMPLOYER

NOTES:

- Canvassing will disqualify
- Only applications containing all the information which has been sought will be considered
- Non-completion of the Equal Opportunities monitoring information may result in rejection of your application
- Applications received after the closing date and time will not be considered
- Complete in Black Ink

For administrative purposes please indicate planned holiday arrangements:

We are under no obligation to take account of your holiday arrangements.

Surname:

Title (Mr, Mrs, Miss, Ms, Dr):

First Names:

Previous Surname:

Home Address:

Address for Correspondence:

(if different)

Postcode:

Postcode:

Contact Phone Number:

Mobile Number:

Date of Birth: / /

National Insurance No:

Email Address:

Nationality: EU

(please tick) Non-EU *If Non-EU please specify*

Do you hold a current full driving licence valid in the UK? Yes

No

If required, do you have access to a car, or a form of transport which will enable you to undertake the duties of this post? Yes
 No

Please name two referees (not relatives) at least one of whom should have knowledge of your present work and be in a supervisory/managerial capacity. (Please note that we will always seek a reference from your last H&SS/NHS employer).

Title (Mr, Mrs, Miss, Ms, Dr):

Name:

Occupation:

Address:

Postcode:

Daytime Phone Number:

Can we contact this referee prior to interview? Yes
 No

Title (Mr, Mrs, Miss, Ms, Dr):

Name:

Occupation:

Address:

Postcode:

Daytime Phone Number:

Can we contact this referee prior to interview? Yes
 No

EDUCATION

Medical or Dental and other degrees, memberships, fellowships etc, with particulars of medical or dental school, date of obtaining qualifications and particulars of honours and distinctions.

Degree/Diploma/Certificate/Membership etc	Result & Date Obtained	Exams to be taken

GMC / GDC REGISTRATION

Registration Type: Provisional Registration
 Full GMC / GDC Number:
 Limited Medical Defence
Union Number:

No doctor may be employed unless he/she is registered, provisionally registered or holds limited registration with the General Medical / Dental Council. Evidence of this must be produced prior to commencement of employment.

SPECIALIST REGISTER STATUS (Consultant Posts Only)

Please complete the following as appropriate:

I am currently on the Specialist Register? Yes No

I have applied for entry onto the Specialist Register? Yes No

My expected date of issue of CCST is:

Speciality in which now engaged:

MEMBERSHIP OF LEARNED SOCIETIES

--

UNDER-GRADUATE / POST-GRADUATE PRIZES / DISTINCTIONS / RESEARCH / PUBLICATIONS

(If you are attaching publications please list them here)

--

EMPLOYMENT HISTORY — PRESENT POST

Employer Name:	<input type="text"/>	Period of Notice:	<input type="text"/>
Employer Address:	<input type="text"/>	If appointed, when available:	<input type="text"/>
Job Title:	<input type="text"/>	Salary:	<input type="text"/>
Job Dept/Location:	<input type="text"/>	NHS Grade:	<input type="text"/>
Start Date:	<input type="text"/>	Contract Type:	<input type="text"/>

Principal Duties of Present Post:

EMPLOYMENT HISTORY — PREVIOUS POSTS

Please list all your previous posts beginning with the most recent including periods out of employment and any training.

Name and Address of Employer	Period of Employment		Reason for Leaving	Position / Grade And Duties
	From (dd/mm/yy)	To (dd/mm/yy)		

ADDITIONAL INFORMATION

Please include any other information which may be relevant to this application, detailing how you meet each of the criteria as outlined in the personnel specification.

MEDICAL HISTORY

Whether you have been in employment or not, please give details and dates of all periods of sickness / absence over the past 3 years.

Nature of Sickness / Absence	Date From	Date To	No of Days	Did you consult a doctor?

Have you ever had to resign, retire or been dismissed from a post because of ill health? Yes
 No

DISABILITY

Do you consider yourself to have a disability which is relevant to your job application? Yes
 No

If yes, is there anything we need to know about your disability in order to ensure you have equality of opportunity e.g. interpreter, access to car parking facilities etc ?

FITNESS TO PRACTICE

STATEMENT OF POLICY REGARDING FITNESS TO PRACTICE PROCEEDINGS BY A LICENSING/ REGULATORY BODY AND RELATING TO CRIMINAL INVESTIGATIONS IN THE UK OR OVERSEAS

Registration with the General Medical Council or General Dental Council imposes on doctors and dentists the duty to provide a good standard of medical care for, and behave appropriately towards, patients. Employers within the Health and Personal Social Services also have a duty to ensure that patients receive a good standard of medical care and ensure as far as possible the safety of patients. We therefore need to establish if you have been found guilty of a criminal offence, been bound over or cautioned or are currently the subject of proceedings which might lead to a conviction, an order binding you over or a caution, in the UK or any other country.

We also need to establish if you have been the subject of any fitness to practice proceedings in the past, or if any fitness to practice proceedings are being contemplated, by a licensing or regulatory body in the UK or another country and this is also reflected in the declaration.

This information will be treated in confidence and will not debar you from appointment unless the selection panel considers that it renders you unsuitable for appointment. In reaching such a decision we will consider the nature of the conviction/action, how long ago it took place and any other factors which may be relevant.

Failure to disclose a criminal offence, having been bound over or cautioned or that you are currently the subject of criminal proceedings which might lead to a conviction, an order binding you over or a caution, or fitness to practice proceedings undertaken or being undertaken by an appropriate licensing or regulatory body, may disqualify you from appointment, or result in summary dismissal/disciplinary action and referral to the General Medical Council or General Dental Council for consideration if such a discrepancy came to light.

If you would like to discuss what affect any previous convictions, policy investigations or fitness to practice proceedings taken or being taken either in the UK or by an overseas licensing or regulatory body might have on your application, you may contact the HR department in confidence, for advice.

Please complete the declaration on the next page.

FITNESS TO PRACTICE (continued)

Declaration Statement regarding:

- any criminal offence, being bound over or cautioned, or current proceedings which might lead to a conviction, an order binding you over or a caution, and
- fitness to practice proceedings taken or being currently contemplated by a licensing/regulatory body.

Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigation, that might lead to a conviction, an order binding you over or a caution in the UK or any other country? Yes
 No

Note: Applicants for posts in the Health and Personal Social Services are exempt from the Rehabilitation of Offenders (Northern Ireland) Order 1978. You are required to declare prosecutions or convictions, including those considered "spent" under this Act.

If yes, please provide details of the criminal offence, order binding you over or caution or details of any current proceedings that might lead to a conviction, an order binding you over or a caution, including the approximate date, the offence, and the authority and country that dealt with the offence:

Have you been or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country? Yes
 No

If yes, please provide details of the nature of proceedings undertaken, or contemplated, including the approximate date of proceedings, the country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned:

I understand that a Pre-Employment Consultancy Check including police check must be carried out before any appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

PERSONAL DECLARATION

1. I declare that all the foregoing statements are true, complete and accurate
2. I understand that if I give wrong information or leave out important information I could be dismissed if I take up this job
3. I understand that to take up this job I must have satisfactory references, health assessment and POCVA checks (if applicable)
4. I understand that I may be asked to show some formal identification and evidence of qualifications if required
5. I confirm that as far as I know there are no medical reasons which would stop me from carrying out the duties of this job
6. I agree to you making any necessary enquiries during the recruitment and selection process
7. I understand that canvassing will disqualify me from the selection process for this job
8. I consent to the information I have provided being used within the context of the Data Protection Act 1998

Your Signature: _____

Date: _____

Please indicate how you became aware of this vacancy:

- | | | |
|-----------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Job Bulletin | <input type="checkbox"/> Internal Trust Trawl | <input type="checkbox"/> NIjobs.com |
| <input type="checkbox"/> Professional Journal | <input type="checkbox"/> Belfast Telegraph | <input type="checkbox"/> HPSSjobs.com |
| <input type="checkbox"/> CSA Trawl | <input type="checkbox"/> Irish News | <input type="checkbox"/> Other, please specify: <input type="text"/> |

EQUAL OPPORTUNITIES MONITORING

STRICTLY CONFIDENTIAL

NON COMPLETION OF THIS SECTION MAY RESULT IN YOUR APPLICATION BEING REJECTED

This organisation is fully committed to equality of opportunity for all job applicants regardless of sex, marital status, disability or perceived religious affiliation.

Applicants for posts are selected solely on the basis of merit.

To ensure that our Equal Opportunities Policy is effective, monitoring is undertaken on the basis of comparison of sex, marital status, disability and perceived religious affiliation of applicants and to facilitate this process you are requested to complete the following questionnaire by ticking the appropriate boxes:

1. **SEX** Male Female
2. **MARITAL STATUS** Single Married Other

3. **DISABILITY** The Disability Discrimination Act 1995 defines 'Disability' as:

"a person has a disability ... if he/she has a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day-to-day activities"

Do you have, or have you had, a physical or mental impairment which has a substantial and long-term adverse affect on your ability to carry out normal day-to-day activities?

- Yes No

4. **RELIGIOUS AFFILIATION**
- I am a member of the Protestant Community
- I am a member of the Roman Catholic Community
- I am a member of neither the Protestant nor the Roman Catholic Community

5. **ETHNIC ORIGIN**

- Black African Bangladeshi Black Caribbean
- Chinese Indian Irish Traveller
- Pakistani White Mixed Ethnic
- Filipino Other, please specify _____

Access to this information will be strictly controlled. It will not be available to those considering your application for employment. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. The information will not be used for any purpose other than equal opportunities monitoring.