

STANDARD APPLICATION FORM

Please fill in the application form below.

APPLICATION FOR EMPLOYMENT

Details entered in this part of the form will be held by the recruiting employer. Access to this information will be withheld from the shortlisting panel. Please do not type/write using only capital letters, as this could lead to your application being automatically rejected. Please use the appropriate mixture of capital and lowercase letters in standard written text.

Personal Details

Title	
Surname/Family Name	
First Name	
Middle Name	
Name in which you are registered with a professional body (if different to above)	
Address	
Postcode/ Zip code	
Country	
Home Telephone (include country code)	
Mobile Telephone	
Skype ID	
Email Address	
Please supply details of any UK visa currently held:	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of any Restriction:	
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you worked in the UK previously?

Yes

No

If you have answered "yes" above, please provide details:

Role:

Employing organisation:

Start Date: (DD/MM/YY)

End Date: (DD/MM/YY)

APPLICATION FOR EMPLOYMENT

Details entered in this part of the form will be held by the recruiting employer and will be made available to the short-listing panel.

Education & Professional Qualifications

All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.					
Subject/Qualification	Place of Study			Grade/result	Year obtained
Part A: Have you completed your NMC CBT exam				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date of completion:	
Have you taken IELTS?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you taken OET?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate your scores and date of exam below:					
Overall	Reading	Writing	Listening	Speaking	Date

Training Courses Attended

Training courses that you have attended or details of courses that you are currently undertaking, together with the date completed or to be completed.			
Course Title	Training Provider	Duration	Year obtained

Membership of Professional Bodies or/and Registration Councils

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

<p>* Please indicate your Professional Registration status/home country registration details/country where practising details</p> <p><input type="checkbox"/> I have current Indian professional registration (Indian Nursing Council)</p> <p><input type="checkbox"/> Indian Nursing Council professional registration required and applied for</p> <p><input type="checkbox"/> Indian Nursing Council professional registration required but not yet applied for</p>
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<p>If you have answered 'I have current UK professional registration relevant for this post' or 'I have current UK professional registration and licence to practise for this post', then please enter the relevant details below.</p>			
Professional Body	Membership or Registration type	Membership/Registration Number	Expiry/Renewal Date

Employment History

Please record below the details of your full employment history beginning with your current or most recent first.

Current/most recent employer

Employer Name			
Address			
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			

Brief description of your duties and responsibilities

Previous Employer 1

Employer Name			
Address			
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)			
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

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Previous Employer 2

Employer Name			
Address			
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)			
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)			
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

Previous Employer 4

Employer Name			
Address			
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	

Grade		Salary	
Reporting to (job title)			
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

Previous Employer 5

Employer Name			
Address			
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)			
Reason for leaving (if applicable)			

Brief description of your duties and responsibilities

Please add additional employers/information on a separate sheet.

Employment Gaps

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

PLEASE ALSO ATTACH A COPY OF YOUR CV WITH YOUR APPLICATION

References

Please provide the names and full contact details of the people who have agreed to supply references. References must include at least two positions with separate employers and, as a minimum, cover a period of three years employment and/or training history, where this is possible.

Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken.

Please note that all reference requests will be followed up and verified.

Referees may be approached prior to interview, unless you indicate otherwise below.

Referee 1

Type of Reference	<input type="checkbox"/> Employer <input type="checkbox"/> Educational <input type="checkbox"/> Personal		
Title			
Surname/Family name		First Name	
Employer Name			
Referee Job Title			
Address			
Postcode/ Zip Code			
Telephone		Country	
Email			
Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Referee 2

Type of Reference	<input type="checkbox"/> Employer <input type="checkbox"/> Educational <input type="checkbox"/> Personal		
Title			
Surname/Family name		First Name	
Employer Name			
Referee Job Title			
Address			
Postcode/ Zip Code			
Telephone		Country	
Email			
Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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	

MONITORING INFORMATION

NHS organisations recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is interviewing you. The information collected is only used for monitoring purposes in an anonymised format to assist the NHS in analysing the profile and make up of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act 2010.

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

Please state your date of birth	
Please indicate your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects people who are married or in a civil partnership.

Please indicate the option which best describes your marital status	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil partnership <input type="checkbox"/> Legally separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

Please indicate the option which best describes your sexual orientation	
<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

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

Please indicate your ethnic origin		
<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
<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	<input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

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
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	

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions 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.

The organisation aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. The organisation undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

You are required to declare all current 'unspent' criminal convictions or cautions (including reprimands and final warnings). You are not required to disclose convictions or cautions which have become 'spent'.

As part of assessing your application, organisations will only take into account relevant criminal record and other information declared which is relevant to the position being applied for.

Answering 'yes' to the question below will not necessarily bar you from appointment. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

Are you currently bound over or do you have any current 'unspent' convictions or cautions (including reprimands or warnings) that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. You do not need to tell us about parking offences.

Relationships

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