

Department of Health will be issuing new guidance relating to the monitoring of equality in April 2013. The equality and diversity sections within NHS Jobs application forms will be reviewed and updated when the new guidance is released.

## NHS STANDARD APPLICATION FORM

**For Office Use Only**  
Online Reference Number:

Please fill in the application form below. Do not type/write using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. If you wish to apply on-line you can do so at [www.jobs.nhs.uk](http://www.jobs.nhs.uk). Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.

### APPLICATION FOR EMPLOYMENT WITH

**A-Z Hospitals NHS Trust (replace with your employer name)**

### APPLICATION FOR EMPLOYMENT

Details entered in this part of the form will be held in the HR systems of the recruiting organisation. 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.

Job Reference Number	
Job Title	
Department	

### Personal Details

Title	
*Surname/Family Name	
*First Names	
Name in which you are registered with a professional body (if applicable)	
UK National Insurance No	
Address	

*Postcode/ Zip code	
*Country	
Home Telephone	
Mobile Telephone	
Check this box if you wish to receive updates by text message?	<input type="checkbox"/>
Work Telephone	
Preferred telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
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 you have answered 'no' above, you must answer these questions:	
Please select the category that relates to your current immigration status. This status will be subject to checking before interview.	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Tier 1/HSMP  <input type="checkbox"/> Indefinite Leave to remain/enter  <input type="checkbox"/> Tier 2/HSMP  <input type="checkbox"/> Dependant / Spouse visa  <input type="checkbox"/> Clinical visa  <input type="checkbox"/> Tier 4 student  <input type="checkbox"/> Visitor </div> <div> <input type="checkbox"/> Post Graduate Doctors and Dentists  <input type="checkbox"/> Tier 5 Temporary Workers  <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa  <input type="checkbox"/> Refugee  <input type="checkbox"/> Other, please specify below  <div style="border-top: 1px dashed black; height: 15px; width: 100%;"></div> </div> </div>	
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please supply details of any visa currently held:	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of any Restrictions:	
Are you an NHS professional returning to practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICATION FOR EMPLOYMENT

Details entered in this part of the form will be held within HR systems of the recruiting organisation and will be made available to the short-listing panel.

Job Reference Number		Online reference number	
Job Title			
Department			

## 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

## 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

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.

<b>Please indicate your UK Professional Registration status *</b>
<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 Number	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

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

## 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 (If applicable)			
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

## Previous Employment

Please record below the details of all your previous employment, 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 the reasons for the gaps below.

## Supporting Information

In this box 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			

## 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. If you are a student or trainee this should include a teacher/tutor at your education institution.

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 standing within your community such as a doctor, solicitor or MP. Where it is genuinely not possible to obtain references from any of the sources outlined above, you must provide contact details of two personal acquaintances who would be willing to give a reference. Personal acquaintances must not be related to you, or have any financial arrangement with you.

Please note that all reference requests will be followed up and verified through the organisation's human resources department or other relevant recruitment function.

Referees will 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	
*Relationship			
Job Title			
*Address			
*Postcode/ Zip Code			
Telephone		*Country	
Email		Fax	
*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	
*Relationship			
Employer name			
Job Title			
*Address			
*Post Code/ Zip Code			
Telephone		*Country	
Email		Fax	
*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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## Declarations

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

## 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 organisation 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 people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

* Please indicate your ethnic origin		
<b>Asian or Asian British</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background  <b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<b>Mixed</b> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background  <b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<b>Other Ethnic Group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group  <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 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 (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 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 or belief, disability, sexual orientation and age. The NHS undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

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 criminal record check. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Individuals applying for positions which involve 'regulated activity' are required to have an enhanced criminal record check 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.

Are you currently bound over, or do you have any unspent convictions issued by a Court or Court Martial in the UK or any other country?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please supply details below;

## Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

To protect certain vulnerable groups within society, there are a number of posts within the NHS that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (as amended). 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 1974 (Exceptions) Order 1975.

Applicants for such posts are not entitled to withhold any information about convictions or other relevant criminal record information which for other purposes are 'spent' under the provisions of the Act. If you are successful with this application, any failure to disclose such information could result in dismissal or disciplinary action. Any information provided will be confidential and will be considered only in relation to posts to which the Order applies.



All individuals applying for positions which involve 'regulated activity' are required to have an enhanced criminal record check 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 full under the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012) which came into force on 10 September 2012.

Are you currently bound over or have you ever been convicted of any offence 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. Please note: you do not need to tell us about parking offences.
Are you currently bound by any barring decision made by the Independent Safeguarding Authority (ISA) from working with children?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently bound by any barring decision made by the Independent Safeguarding Authority (ISA) from working with vulnerable adults?
<input type="checkbox"/> Yes <input type="checkbox"/> No

## 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: