



PHOENIX HEALTH GROUP STANDARD APPLICATION FORM

Please fill in the application form below. Do not use only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

APPLICATION FOR EMPLOYMENT

Details entered in this part of the form will be held by the recruiting manager. Access to this information will be withheld from the shortlisting panel. Please do not type or 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	

Personal Details

Title	
*Surname/Family Name	
*First Name	
Middle Name	
Name in which you are registered with a professional body (if applicable)	
UK National Insurance No	
Address	
*Postcode	
*Country	
Home Telephone	
Mobile Telephone (only if UK registered)	
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?	



Yes No

If you have answered 'no' above, you must answer the following questions:

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/Tier 1 | <input type="checkbox"/> Post Graduate Doctors and Dentists |
| <input type="checkbox"/> Indefinite Leave to remain/enter | <input type="checkbox"/> Tier 5 Temporary Workers |
| <input type="checkbox"/> Work Permit/Tier 2 | <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa |
| <input type="checkbox"/> Dependant / Spouse visa | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Clinical attachment visa | |
| <input type="checkbox"/> Tier 4 student | <input type="checkbox"/> Other, please specify below |
| <input type="checkbox"/> Visitor | |
-

Please supply details of any 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?

Yes No

Are you an NHS professional returning to practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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APPLICATION FOR EMPLOYMENT

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

Job Title	
Date of Application	

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

Computer Skills

Please tick below to show your current level of proficiency in each application.				
	None	Beginner	Intermediate	Advanced
Microsoft Office Word				
Microsoft Office Excel				
Microsoft Office Email				
Internet				



Membership of Professional Bodies (Clinical Staff Only)

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

* Please indicate your UK Professional Registration status *
<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 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.			
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
If applicable, please provide details of any investigations or proceedings you may be subject to.	
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 you may have.	



Employment History

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Start of continuous NHS service (If applicable) (MM/YYYY)	
Months since most recent employment ended (if applicable)	

Current/most recent employer:

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			



Previous Employer 1:

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reason for leaving			
Brief description of your duties and responsibilities			

Previous Employer 2:

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reason for leaving			
Brief description of your duties and responsibilities			



Previous Employer 3:

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reason for leaving			
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	
Reason for leaving			
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	
Reason for leaving			
Brief description of your duties and responsibilities			



Please add any 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.

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Supporting Information

In this section please give your reasons for applying for this post and additional information which demonstrates that you have read the published person specification and job description. Explain how you meet the essential and (where relevant) desirable criteria for this particular position. This can include relevant skills, knowledge, experience, voluntary activities, training etc. This is an important part of your application so please consider your response.

If relevant to the post for which you are applying, you should include details about research experience, publications or poster presentations, 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
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Declaration

(It is important to complete this declaration before submitting your application)

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 and/or qualifications.

I agree to the above declaration			
*Signature			
*Name		*Date	

Where did you see this vacancy advertised?			
<input type="checkbox"/> Phoenix Surgery Website <input type="checkbox"/> NHS Website <input type="checkbox"/> GlosJobs Website <input type="checkbox"/> Other Website: Please state below <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: Please state below

Recruitment Referral Bonus Scheme Policy

If you have been referred by an employee of the Phoenix Health Group and wish to submit your application under the Recruitment Referral Bonus Scheme Policy, please include details of the referring employee below.

Name of referring employee	
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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 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?

Yes 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.

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013

The position you are applying for has been identified as being an 'eligible position' under the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* [the Exceptions Order] and, in certain circumstances, the Police Act 1997. As such, it meets the eligibility criteria for a standard or an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).

Both standard and enhanced DBS disclosure certificates contain information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the *Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended)*.



Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

Please be aware that the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013* (S.I. 2013/1198) made amendment to the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* to provide that certain spent convictions and cautions will become protected when specific conditions are met. Protected convictions and cautions will not be disclosed in a DBS check, and employers cannot ask for information about protected convictions or cautions, or take these into account when considering you for appointment.

Before you complete the question(s) below please read guidance and criteria for the filtering of these convictions and cautions which can be found on the Disclosure and Barring Service website at: www.gov.uk/government/organisations/disclosure-and-barring-service

Where the position has, in addition, been identified as a regulated activity under the *Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedoms Act 2012)* an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - see notes above. You also are not required to tell us about parking offences.

* Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975, 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.
* Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children?
<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults?
<input type="checkbox"/> Yes <input type="checkbox"/> No