

Part A

Please complete this form in black ink or typescript

Application for Employment

Bradford Teaching Hospitals NHS Foundation Trust
Working Towards Equal Opportunities

Post Ref. No.

E.O. No.

This form is split into three parts: **Part A, B and Part C**. Please fill in **all** parts of the forms and return them together. The information that you submit in **Part A and Part B** will be held in the Personnel Department and will **not** be used as part of the shortlisting process.

Personal Details

Surname/ Family name:		Forenames:	
Preferred title: Mr/Mrs/Miss/Ms/Other		Previous name: (for obtaining references only)	
Date of birth: (dd/mm/yy) ____ / ____ / ____	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	UK National Insurance Number (if you have one)
Home address: _____ _____ _____ _____ Post code: _____		Home telephone number (including STD Code) _____ Work telephone number (may we contact you at work) <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Mobile number: _____ Email: _____	

Health Record

Please note that the offer of employment is subject to the satisfactory completion of a pre-employment health screening. Please give details of any current or previous illnesses, operations or disabilities:

Please indicate approximately the number of days sickness absence in the last 12 months: _____

Work Permit

Do you need a UK permit to do this job under the terms of the Asylum & Immigration Act 1996 (2004 Amendment) Yes No No I have a UK Training & Work Experience Permit

Please give details of any permit currently held (if applicable). Please contact the Personnel Department if you are unsure of your status.

Are you a Department of Work and Pensions New Deal Candidate? Yes No

Are you an NHS Professional returning to practice? Yes No

Relationships: Are you related to, or have a relationship with an Executive/Non Executive Director of this Trust? Yes No

Declaration:

The information in this form (parts A, B & C) 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 Bradford Teaching Hospitals NHS Foundation Trust. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration:

Signature: _____ Date: _____

Name: _____

Part B

Information given in this section will **not** be viewed by the recruitment panel. Only information about a disability may be known by the panel (where appropriate).

Race Relations Amendment Act 2000: As a public sector employer the NHS is required under Race Equality Legislation to collect details about an applicant's ethnicity. This information is collected to fulfil that obligation and is used for monitoring purposes only. I would describe my ethnic origin as follows:

White

- British
- Irish
- Any other White background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Other Ethnic Group

- Chinese
- Any other ethnic group
- I do not wish to disclose my ethnic origin

Disability Discrimination Act 1995: Under the terms of the Act a disability is defined as a 'physical or mental impairment, which has a substantial and long term effect on a person's ability to carry out normal day to day activities.' NHS Employers welcome applications from disabled people.

Do you consider yourself to have a disability? Yes No

I do not wish to disclose this information

If disabled, are there any specific arrangements you wish to make to enable you to attend for interview?

No Yes - If so give details:-

Please state how you became aware of this post:-

- | | |
|---|--|
| <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"/> Other Professional Journal | <input type="checkbox"/> Other Website |
| <input type="checkbox"/> Health Services Journal | <input type="checkbox"/> Therapy Weekly |
| <input type="checkbox"/> Job Centre Plus | <input type="checkbox"/> Hospital Doctor |
| <input type="checkbox"/> National Newspaper | <input type="checkbox"/> Nursing Times |
| <input type="checkbox"/> Other | |

Employment Equality Regulations 2003:

In order to comply with these regulations NHS Employers are monitoring sexual orientation and religion/belief in applicants. Do you have a sexual orientation towards

- Persons of the opposite sex? Persons of the same sex? Persons of the same and opposite sex? I do not wish to disclose my sexual orientation.

Please indicate your religious belief:

- Atheism Buddhism Christianity Hinduism Islam Jainism Judaism Sikhism Other
- I do not wish to disclose my religion/belief

Data Protection Act 1998

The Data Protection Act 1998 (the Act) sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights.

The personal information or data, which you have supplied, will be processed and held on a computerised and manual record if you are appointed. This information or data may also be used and processed by the Trust for the purposes of equality monitoring, compiling statistics, and for other reasons connected with your employment. By signing this section you will be deemed to be giving consent to the Trust using and processing the data about you including any information, which may be considered to be sensitive personal information or data. If your application is unsuccessful or you do not accept any offer of employment/training or work experience, the information will be destroyed, although relevant information will be retained for a period of time in order to facilitate our equal opportunities monitoring. If you have any questions about your data please contact the Personnel Department.

I consent to the use of my personal information for the purposes and on the terms as set out above.

Signed: _____ Date: _____ Name: _____

Part C

Please complete this form in black ink or typescript

Application for Employment

Bradford Teaching Hospitals NHS Foundation Trust
Working Towards Equal Opportunities

Post Ref. No.

E.O. No.

Post applied for:

Please complete this Application Form in black ink or type script and check it carefully before sending it to the address printed on the back of this form. If you wish to apply on-line you can do so at www.jobs.nhs.uk/in/btht

This form is split into three parts: **Part A, B and Part C**. Please fill in **all** parts of the forms and return them together. The information that you submit in **Part C** will be forwarded to the recruitment panel for shortlisting.

Preferred Employment Type:

Full-Time Part-Time Job Share (full time posts only) Secondment Flexible

Education, Higher Education and Further Education

(include all relevant qualifications including Professional Qualifications and those currently being studied.)

Subject: (include name of professional body if applicable)	Level	Place of study/name of institute	Grade/Result	Date obtained/ completion date

Training Courses Attended:

Include in this section any relevant training courses that you have attended or details of courses that you are currently taking.

Course title/qualification	Place of study/ training provider	Grade/Result (if applicable)	Duration	Date completed & to be completed

Membership of Professional Bodies: (eg. GMC, NMC, HPC)

Include in this section any relevant professional registrations or memberships. If you are on the specialist register for the GMC please state this below. If professional registration is not required then go to the next section "Current Employment".

- My Professional Registration status is:
- Not required for this post
 - I have current UK registration (enter the relevant details below)
 - I have applied for UK registration
 - I have not yet applied for UK registration
 - I have non-UK registration

If you answered "I have current UK registration" then please enter the relevant details below:

Professional Body	Membership or registration type	Membership or registration or PIN number	Expiry or 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 practice investigation or proceedings by a licensing regulatory body in the UK or in any other country? Yes No
- Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country? Yes No

Current Employment:

Post title	Type of business:
Name and Address of Employer:	Date commenced:
	Notice required:
	Telephone number
Date ceased employment (if applicable):	Grade:
Salary Wage (Indicate enhancements separately): £	
Description of your duties and responsibilities:	
Reasons for leaving (or wishing to leave):	

Previous Employment (state most recent first and include periods of unemployment):

Name & address of employer	Position held & grade	Date from	Date to	Reason for leaving

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 this 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 presentations, clinical care (knowledge & skills) and clinical audit. Please continue on additional sheets if necessary.

References

It is Trust policy to obtain references prior to interviews. References should be from your **two most recent employers** wherever possible. The Trust reserves the right to approach any previous employer for information relating to your performance and character. All referees will be contacted prior to interview unless you indicate otherwise below.

Main employers reference:	
Name: _____	Occupation: _____
Address: _____ _____	
Telephone: _____	Email: _____
Relationship to you: _____	Can we approach prior to interview <input type="checkbox"/> Yes <input type="checkbox"/> No

Other employers reference:	
Name: _____	Occupation: _____
Address: _____ _____	
Telephone: _____	Email: _____
Relationship to you: _____	Can we approach prior to interview <input type="checkbox"/> Yes <input type="checkbox"/> No

For medical & financial posts you must provide a 3rd reference:	
Name: _____	Occupation: _____
Address: _____ _____	
Telephone: _____	Email: _____
Relationship to you: _____	Can we approach prior to interview <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a valid Driving Licence for the U.K.? Yes No

Please give details of any endorsements: _____

Do you have access to a vehicle which can be used for work purposes (if applicable)? Yes No

Rehabilitation of Offenders Act 1974:

In order to protect certain vulnerable groups within society, there are a number of posts and professions that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. These include posts where, in the normal course of their duties, successful applicants will have access to persons in receipt of health services. If the post you have applied for falls within the above category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act (Exceptions Order) 1975.

Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'Spent' under the provisions of the act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be confidential and will be considered only in relation to posts to which the order applies. A criminal record will not necessarily be a bar to obtaining a position.

Have you at any time received, or had a pending conviction? Yes No

If Yes, please give details: Offence committed (use additional sheet if required): _____ _____ Date offence committed: _____
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NB: Criminal Records Bureau Check: If you are applying for a post involving access to persons in receipt of health services while holding a position of trust, your offer of employment may be subject to a satisfactory disclosure from the CRB revealing the existence and content of criminal record. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.