**STANDARD APPLICATION FORM**

**Medical position**

Please fill in the application form below, do not type/write using only capital letters and please remember to check it carefully, once the form has been submitted to the Recruitment department (somccg.recruitment.100fold@nhs.net) it cannot be changed. Please note questions marked with an asterisk \* are mandatory. All 100Fold CIC current vacancies are on the company website. Details entered will be held by 100Fold CIC recruitment team, please see applicant privacy notice.

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| **Position Applied For** |
| Job title |  |
| Department |  |
| Location |  |

**Personal details**

|  |  |
| --- | --- |
| Title |  |
| \* Full Name |  |
| Preferred name  |  |
| Name you are registered with a professional body (if applicable) |  |
| UK national insurance number |  |
| Address |  |
| \* Postcode |  |
| \* Country |  |
| Home telephone number |  | Work telephone number |  |
| Mobile telephone number (If UK registered) |  | Preferred telephone number | ¨ Home ¨ Mobile ¨ Work |
| Your email address |  |
| \* Are you a British or Irish National, or a European Union (EU), European Economic Area (EEA) or Swiss National? |
| ¨ Yes  | ¨ No |

If you have answered ‘Yes’ to the ‘Are you a British or Irish National, or a European Union (EU), European Economic Area (EEA) or Swiss National?’ question, you must answer these questions:

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| Please select the category that relates to your current status: |
| ¨ I confirm I am a British or Irish National (go to Membership of Professional Bodies)¨ I confirm I am a European Union (EU), European Economic Area (EEA) National or Swiss National |

If you have answered ‘I confirm I am a European Union (EU), European Economic Area (EEA) National or Swiss National’ to the ‘I confirm I am a European Union (EU), European Economic Area (EEA) National or Swiss National’ question, you must answer these questions:

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| EU Settlement Scheme Status |
| ¨ Pre-settled | ¨ Settled | ¨Unknown/not declared |
| Date EU Settlement Status Issued (DD/MM/YYYY) |
|  |
| Expiry Date (for EU pre-settled status only) (DD/MM/YYYY) |
|  |
| EU Settlement Scheme Status Verified Date (DD/MM/YYYY) |
|  |
| Granted EU Temporary Leave to Remain |
| ¨ Yes  | ¨ No |
| Leave to Remain Expiry Date (DD/MM/YYYY) |
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If you have answered ‘No’ to the ‘Are you a British or Irish National, or a European Union (EU), European Economic Area (EEA) or Swiss National?’ question, you must answer these questions:

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| Please select the category that relates to your current immigration status. This status will be subject to checking before interview. |
| ¨Highly skilled worker ¨Post Graduate Doctors & Dentists¨Indefinite Leave to remain/enter¨Temporary worker | ¨Skilled worker ¨Dependant / Spouse visa¨Youth Mobility Scheme ¨Clinical attachment visa | ¨Refugee ¨Student ¨Visitor ¨Other, please specify  |
| Please supply details of any visa currently held: |
| Visa number: 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 |

**Education & Professional Qualifications**

Please ensure that all relevant qualifications are listed on your CV. All qualifications disclosed will be subject to a satisfactory check.

**Membership of Professional Bodies**

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

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| \* Please indicate your UK Professional Registration status |
| ¨ I do not have the relevant UK professional registration status¨ I have current UK professional registration relevant for this post¨ UK professional registration required and applied for¨ UK professional registration required but not yet applied for¨ I do not have the relevant UK professional registration¨ UK professional registration required but not yet applied for¨ UK professional registration and licence to practise required but not yet applied for¨ I am a student¨ Not required for this post |
| Are you an NHS professional returning to practice? | ¨ Yes ¨ No |

If professional registration is not required, then go to **Fitness to Practice**.

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| 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 |
|  |  |  |  |
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**Fitness to Practise**

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| \* Are you currently subject to a fitness to practise investigation and/or proceedings of any nature by a regulatory or licensing body which may have a bearing on your suitability for the position you are applying for? This may include any fitness to practise investigation and/or proceedings of any nature that are being undertaken by a regulatory or licensing body in any other country. |
| ¨ Yes  | ¨ No |
| If you have answered ‘Yes’ above, please provide the reasons given for the investigation and (where applicable) the details of any warnings, conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your professional registration and, the name and address of the regulatory or licensing body concerned. |
|  |
| \* Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?You are not required to disclose any information in relation to the above where any right to appeal has been upheld and where that appeal has resulted in your case being fully exonerated. In these circumstances you should select NO to this question. |
| ¨ Yes  | ¨ No |
| If you have answered ‘Yes’ above, please provide details of any conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your registration and/or any warnings issued, where relevant, and the name and address of the regulatory or licensing body concerned. |
|  |
| \* In your current or any previous employment, have you had restrictions placed on your clinical practise as a part of the revalidation process?  |
| ¨ Yes  | ¨ No |
| If applicable, please provide details of any restrictions you may have. |
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**Employment History**

Please ensure that all your career history is listed on your CV beginning with your current or most resent.

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.

**Employment Gaps**

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| Please provide in this section explanations for any gaps in your employment history (chronologically, most recent first).  |
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**References**

* Please provide the names and full contact details of your referees. References must cover a 3 year period of continuous employment, training or education and or the last 2 employers. Your referees will need to confirm this. They may need to comment on your skills, personal qualities and suitability for the post.
* Your referee could be an HR department, line manager or someone in a position of responsibility. You must provide an email address for each referee. This may require you to contact your referee to confirm this prior to submitting your application, as this is a mandatory field.
* If you are a student or trainee this should include a teacher/tutor at your school/college or university.
* If you have not been in employment or education for the last 3 years, you may need to supply a character reference or a personal statement. A character reference must not be from a relative or someone who has a financial arrangement with you.
* Emails for employers must be a valid work email address and not the referee’s personal email address unless the email being provided is covering a gap in work history or the employer no longer exists, and the referee being used is a personal/character referee.
* All reference requests will be verified by HR.
* Referees may be approached before interview unless you state otherwise below.

**Referee 1**

|  |  |
| --- | --- |
| \* Type of reference | ¨ Current employer ¨ Previous employer¨ School/College/University/Higher Education ¨ Personal/Character |
| \*Referee Name |  | \* Relationship |  |
| Employer name |  | Referee job title |  |
| \* Address |  |
| \* Postcode |  |
| Telephone |  | \* Country |  |
| \* Referee email address |  |
| \* Can the referee be contacted prior to interview? | ¨ Yes  | ¨ No |

**Referee 2**

|  |  |
| --- | --- |
| \* Type of reference | ¨ Current employer ¨ Previous employer¨ School/College/University/Higher Education ¨ Personal/Character |
| \*Referee Name |  | \* Relationship |  |
| Employer name |  | Referee job title |  |
| \* Address |  |
| \* Postcode |  |
| Telephone |  | \* Country |  |
| \* Referee email address |  |
| \* Can the referee be contacted prior to interview? | ¨ Yes  | ¨ No |

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| If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application if they were obtained? | ¨ Yes  | ¨ No |
| Under the data protection Act 2018 please can you confirm that you authorise 10Folld CIC at the appropriate stage to obtain your references. | ¨ Yes  | ¨ No |

**Supporting Information**

In this section you need to demonstrate that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this position if this has not been fully covered in the previous sections.

Please indicate your reasons for applying and take the opportunity to highlight your particular talents and strengths, (what you feel you can personally offer- what is unique to you – what sets you apart from your peers). Please DO NOT include personal details or duplicate information already provided elsewhere in your application (max 1500words).

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| \* Supporting information (Please continue on additional sheets if necessary). |
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**Additional Personal Information**

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| --- | --- | --- |
| Preferred employment type | ¨ Full time ¨ Part-time ¨ Job share ¨Secondment ¨ Flexitime  | ¨ Agile/Home working ¨ Compressed hours¨ Term time hours ¨ Annualised hours |

**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.

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

**MONITORING INFORMATION**

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.

100Fold CIC and NHS organisations recognise the benefits of a diverse workforce which reflects the wider population and welcome applications from all sections of the community. Also, under the Equality Act (2010), all NHS organisations must 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. We need to ask applicants some questions to make sure that no one is being unfairly discriminated against or disadvantaged.

The information collected is only used for anonymised monitoring purposes to help the organisation look at the profile 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). As well as for monitoring, your date of birth will be used for administration purposes including pre-employment checks and creation of your personal record if you are appointed.

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| \* Please state your date of birth |  |
| \* Please indicate your gender |  Male  Female  |  I do not wish to disclose this  |
| \* Please indicate the option which best describes your marital status |
| ¨ Married¨ Single¨ Civil partnership | ¨ Legally separated¨ Divorced¨ Widowed | ¨ I do not wish to disclose this |
| \* Which of the following options best describes how you think of yourself? |
| ¨ Heterosexual or Straight¨ Gay or Lesbian¨ Bisexual | ¨ Other sexual orientation not listed¨ Undecided¨ Not stated (person asked but declined to provide a response) |
| \* Please indicate your ethnic origin |
| **Asian/Asian British**¨ Bangladeshi ¨ Indian¨ Pakistani¨ Other Asian background | **Black/Black British**¨ African¨ Caribbean¨ Other Black background | **Mixed**¨ White & Asian¨ White & Black African¨ White & Black Caribbean¨ Other mixed background | **White**¨ British ¨ Irish ¨ Other White background | **Other Ethnic Group**¨ Chinese¨ Other ethnic group¨ I do not wish to disclose this |

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| \* Please indicate your religion or belief |
| ¨ Atheism¨ Buddhism ¨ Christianity ¨ Hinduism | ¨ Islam¨ Jainism¨ Judaism¨ Sikhism | ¨ Other ¨ I do not wish to disclose this |

**Equality Act 2010**

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found here: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

Reasonable adjustments will be made available should you be invited to interview.

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| \* According to the definition of disability do you consider yourself to have a disability? |
| ¨ Yes ¨ No | ¨ I do not wish to disclose this information |

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| Please identify the category which applies to you or other type of disability. 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'. |
| ¨ Physical impairment ¨ Learning disability/difficulty ¨ Sensory impairment  | ¨ Long-standing illness ¨ Mental health condition ¨ 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? |
| ¨ Yes  | ¨ No |

**Relationships**

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|  If you are related to a director, or have a relationship with a director or employee of 100Fold CIC, please state the relationship: |
|  |

**Safeguarding**

This section of the application form will only be viewed by those who need to see it as part of the recruitment process. Any information disclosed will be treated strictly confidential. You should read the Guidance relating to the Rehabilitation of Offenders Act 1974 (<https://www.jobs.nhs.uk/help/appformhelp_4.html>) to find out what you'll have to tell us. The Act deals with the fair treatment of ex-offenders and helping them into work. We'll refer to it in this part of your application.

|  |
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| \* Have you got any unspent convictions and/or unspent conditional cautions?* *This is regardless of whether any unspent convictions or unspent cautions have been issued in the UK or, in any other country where it would be considered an equivalent (or similar) offence in England and Wales.*
* *It also includes unspent criminal convictions or relevant service discipline convictions received within the Armed Forces Justice System (e.g. through Summary Hearing or Court Martial) where it would be considered an equivalent offence in England and Wales.*
* *It does not include parking offences. In such cases, you can select no.*
* *Answering yes to this question does not mean that you will not be considered for an NHS position. Employers will only consider information that is relevant to the position you have applied for and where there may be associated risks against the duties you may be required to carry out as part of this role.*
* *You should read the Guidance relating to the Rehabilitation of Offenders Act 1974 before answering this question.*
 |
| ¨ Yes ¨ No  |
| \* If you have answered yes, you now have two options on how to disclose this information. |
| ¨ I want to disclose the information now¨ I want to disclose the information separately |
| \* If you have chosen ‘I want to disclose the information now’ please provide details of the unspent conviction, unspent conditional caution or Summary Hearing including the date and sentence administered in the space below. |
|  |
| You can disclose your record separately together with any statement detailing your unspent conviction, unspent conditional caution or Summary Hearing.A member of the recruitment team will contact you and advise what steps you need to take to submit your details separately. |

You should read the Guidance relating to the Rehabilitation of Offenders Act 1974 (Exceptions) Order (as amended) (<https://www.jobs.nhs.uk/help/appformhelp_8.html>) to find out what you'll have to tell us. The Act deals with the fair treatment of ex-offenders and helping them into work. We'll refer to it in this part of your application.

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| \* Have you got any criminal convictions and/or cautions that are not protected?* *This means they are not eligible for filtering under the Rehabilitation of Offenders Act 1974 (Exceptions) Order (as amended)*
* *This is regardless of whether the conviction or caution has been issued in the UK or, in any other country where it would be considered an equivalent (or similar) offence in England and Wales and it is not protected.*
* *It also includes criminal convictions or relevant service discipline convictions received within the Armed Forces Justice System (e.g. through Summary Hearing or Court Martial) where it would be considered an equivalent offence in England and Wales and is not protected.*
* *It does not include parking offences. In such cases, you can select no.*
* *You should read the Guidance relating to the Rehabilitation of Offenders Act 1974 (Exceptions) Order (as amended) before answering this question.*
 |
| ¨ Yes ¨ No |
| \* If you have answered yes, you now have two options on how to disclose this information. |
| ¨ I want to disclose the information now¨ I want to disclose the information separately  |
| \* If you have selected ‘I want to disclose the information now’ please provide details of the conviction, caution or Summary Hearing including the date and sentence administered in the space below. |
|  |
| You can disclose your record separately together with any statement detailing your conviction, conditional caution or Summary Hearing.A member of the recruitment team will contact you and advise what steps you need to take to submit your details separately. |