

**NHS STANDARD APPLICATION FORM**

Please fill in the Application form and check it carefully before returning it. If you wish to apply on-line you can do so at [www.nhs.uk/jobs](http://www.nhs.uk/jobs). Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.

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

**APPLICATION FOR EMPLOYMENT WITH**

**COUNTY DURHAM PRIMARY CARE TRUST**

**APPLICATION FOR EMPLOYMENT**

Job Reference Number	
Job Title	
Department	

**Personal Details**

* Surname/Family Name			
* First Names			
Name in which you are registered with a professional body (if applicable)			
Title		UK National Insurance No	
Address			
* Postcode/ Zip code		* Country	
Home Telephone		Mobile Telephone	
Work Telephone		May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
* Do you require us to obtain a work permit for you to work in the UK under the terms of the Immigration and Asylum Act 1996?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Please supply details of any permit currently held including number, validity and expiry date.			
Are you a Department of Work & Pensions New Deal Candidate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an NHS professional returning to practice?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## MONITORING INFORMATION

* Date of Birth	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

### Race relations (Amendment) Act 2000

As Public Sector Employers, NHS Organisations are required 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:		
<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 my ethnic origin

### Employment Equality Regulations

In order to comply with these regulations, NHS employers are monitoring sexual orientation and religion/belief in applications.

* Please select the option which best describes your sexuality		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I would rather not answer	
* Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> I do not wish to disclose my religion/belief

### 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I do not wish to disclose this information
If yes, do you need special arrangements to enable you to attend for interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give details below

### Rehabilitation of Offenders Act

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 any 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 employing organisation. Any information given will be confidential and will be considered only in relation to posts to which the order applies.

* Have you at any time received, or had pending, a court conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	

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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 disclosure from the Criminal Records Bureau. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

### 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

### DECLARATION

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration			
Signature			
Name		Date	

Where did you see this vacancy advertised?			
<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"/> Therapy Weekly	<input type="checkbox"/> Other Professional Journal
<input type="checkbox"/> Other Website	<input type="checkbox"/> Health Service Journal	<input type="checkbox"/> Nursing Times	<input type="checkbox"/> Jobcentre Plus
<input type="checkbox"/> National Newspaper	<input type="checkbox"/> Hospital Doctor	<input type="checkbox"/> GP	<input type="checkbox"/> Radio
			<input type="checkbox"/> Other



## Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships.

* Please indicate your Professional Registration status:	
<input type="checkbox"/> Not Required for this post <input type="checkbox"/> I have current UK registration	<input type="checkbox"/> UK registration applied for <input type="checkbox"/> UK registration not yet applied for <input type="checkbox"/> I am a student

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 PIN	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

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

## Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the 'Supporting Information' section below. Please add additional employers/information on a separate sheet.

### 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			

## 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 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
Do you have a valid driving licence for the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify the vehicle category for which you hold a licence	<input type="checkbox"/> Motorbike (A) <input type="checkbox"/> Car (B) <input type="checkbox"/> Car with Trailer (B + E) <input type="checkbox"/> Medium Sized Vehicle (C1) <input type="checkbox"/> Medium Sized Vehicle with Trailer (C1 + E) <input type="checkbox"/> Minibus (D1) <input type="checkbox"/> Minibus with Trailer (C1 + E) <input type="checkbox"/> Large Goods Vehicle (C) <input type="checkbox"/> Large Goods Vehicle with Trailer (C + E) <input type="checkbox"/> Passenger Carrying Vehicle (D) <input type="checkbox"/> Passenger Carrying Vehicle with Trailer (D + E)
Do you have access to a vehicle which can be used for work purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a POPUMET certificate (required for radiologists)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## References

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been employed, these should be your two most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable. For all posts written references obtained must cover the preceding 3 years of employment. All referees will be approached prior to interview unless you indicate otherwise.

### Referee 1

*Surname/Family name		First Name	
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Referee 2

*Surname/Family name		First Name	
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		* 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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**Please return completed Application Form to:**

**Recruitment Team**  
**County Durham Primary Care Trust**  
**Health Partnership Centre**  
**Fern Court**  
**Bracken Hill Business Park**  
**Peterlee**  
**Co Durham**  
**SR8 2RR**