

APPLICATION FORM FOR CLINICAL STAFF

Please fill in the application form below. Do not type/write using only capital letters, use the appropriate mixture of capital and lowercase letters in standard written text and please remember to check it carefully, as once the form has been submitted it cannot be changed. Once complete please email to operations.cricketfield@nhs.net, or post to Cricketfield Surgery, marked for the attention of the Operations Team. 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 Operations Team. Access to this information will be withheld from the shortlisting panel.

Job Title	
Department	

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/ Zip code	
*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?	
<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.	
<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 <p style="text-align: right;">-----</p>	
Please supply details of any visa currently held.	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of Restriction:	
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 by the Operations Team and will be made available to the short-listing panel.

Job Reference Number		Online reference number	
Job Title			
Department			

Education & Professional Qualifications

Please list your qualifications from University onwards in date order (up to 11 with most recent first). Please also indicate subjects currently being studied and the expected year of qualification. In the grade/result column for courses not yet completed, please state 'in progress'. All information disclosed on this application will be subject to verification.

Subject/Qualification	Place of Study	Grade/result	Year obtained

Please detail anything about your qualifications that you think may be relevant to the post.

Relevant Training Courses Attended

Please list clinical, management and leadership, research, teaching, professional etc courses you have attended over the last 3 years, in date order (up to 7 with most recent first). Please include courses in progress or approved for attendance in the near future and the **expected** date of completion. If you have completed a professional course which you believe to be relevant to this post, which falls outside of the 3year limit, please include it. All information disclosed on this application will be subject to verification.

Course Title	Training Provider	Duration	Year Completed

Please detail anything about your training that you think may be relevant to the post.

Membership of Professional Bodies

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

*** Please indicate your Professional Registration status:**

I have current UK professional registration relevant for this post

I have current UK professional registration and licence to practise for this post

UK professional registration required and applied for

UK professional registration and licence to practise required and 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

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.

UK Professional Body	Membership or Registration type	Membership Registration Number	Expiry/Renewal Date

Fitness to Practise

*Are you currently subject to a fitness to practise investigation and/or proceedings by a regulatory or licensing body in the United Kingdom, or in any other country?

Yes No

If you have answered 'yes' above, you must answer this question:

Please include the reasons given for the investigation and, where applicable, the details of any proceedings, limitations or restrictions that currently apply to your professional registration, and the name and address of the licensing or regulatory body concerned.

Please include any additional information, or other supplementary comments that you believe to be relevant.

*Have you ever been removed from the register or have conditions or undertakings been made on your registration by a fitness to practise committee, regulatory or licensing body in the United Kingdom, or in any other country?

Yes No

If you have answered 'yes' above, you must answer this question:

Please provide details of any conditions or undertakings which have been applied to your professional registration and the name and address of the regulatory or licensing body concerned.

You are not required to provide details where any right to appeal has been upheld AND where that appeal has resulted in your case being fully exonerated.

Please include any additional information, or other supplementary comments that you believe to be relevant.

*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.

Employment History

Please record below full details of all your **continuous employment history**, beginning with your current or most recent employer and working backwards chronologically. If there are any gaps in your employment please ensure a full explanation is given at end of the 'Employment History' section.

IMPORTANT: If you are currently working within an NHS organisation but through an agency, please ensure you name the agency as your employer and not the NHS organisation you are currently contracted to.

Months since most recent employment ended (if applicable)

Current / Most Recent Employment (Reference always required)

Start Date (MM/YYYY)		End Date (MM/YYYY)		Contract Duration (months)	
Employer Name					
Full Postal Address					
	Post/Zip Code				
Type of Business					
Name of Educational or Clinical Supervisor			Job Title		
Email			Telephone		
Your Job Title					
Grade			Current Basic Salary		
Specialty			Sub-Specialty (if applicable)		
Hospital/Base					
Current Contract Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Ad Hoc Contract <input type="checkbox"/> NHS Locum <input type="checkbox"/> Agency Locum <input type="checkbox"/> Sessional GP <input type="checkbox"/> Rotational Post with NTN <input type="checkbox"/> OOH GP <input type="checkbox"/> Salaried GP <input type="checkbox"/> Other (please state):				

Reason for leaving (if applicable)
Brief description of your duties and responsibilities

Previous Employer 1

Start Date (MM/YYYY)		End Date (MM/YYYY)		Contract Duration (months)	
Employer Name					
Full Postal Address					
				Post/Zip Code	
Type of Business					
Name of Educational or Clinical Supervisor			Job Title		
Email			Telephone		
Your Job Title					
Grade			Basic Salary		
Specialty			Sub-Specialty (if applicable)		
Hospital/Base					
Contract Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Ad Hoc Contract <input type="checkbox"/> NHS Locum <input type="checkbox"/> Agency Locum <input type="checkbox"/> Sessional GP <input type="checkbox"/> Rotational Post with NTN <input type="checkbox"/> OOH GP <input type="checkbox"/> Salaried GP <input type="checkbox"/> Other (please state):				

Reason for leaving
Brief description of your duties and responsibilities

Previous Employer 2

Start Date (MM/YYYY)		End Date (MM/YYYY)		Contract Duration (months)	
Employer Name					
Full Postal Address					
				Post/Zip Code	
Type of Business					
Name of Educational or Clinical Supervisor				Job Title	
Email				Telephone	
Your Job Title					
Grade					
Specialty				Sub-Specialty (if applicable)	
Hospital/Base					
Contract Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Ad Hoc Contract <input type="checkbox"/> NHS Locum <input type="checkbox"/> Agency Locum <input type="checkbox"/> Sessional GP <input type="checkbox"/> Rotational Post with NTN <input type="checkbox"/> OOH GP <input type="checkbox"/> Salaried GP <input type="checkbox"/> Other (please state):				

Reason for leaving
Brief description of your duties and responsibilities

Previous Employer 3

Start Date (MM/YYYY)		End Date (MM/YYYY)		Contract Duration (months)	
Employer Name					
Full Postal Address					
				Post/Zip Code	
Type of Business					
Name of Educational or Clinical Supervisor			Job Title		
Email			Telephone		
Your Job Title					
Grade					
Specialty			Sub-Specialty (if applicable)		
Hospital/Base					
Contract Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Ad Hoc Contract <input type="checkbox"/> NHS Locum <input type="checkbox"/> Agency Locum <input type="checkbox"/> Sessional GP <input type="checkbox"/> Rotational Post with NTN <input type="checkbox"/> OOH GP <input type="checkbox"/> Salaried GP <input type="checkbox"/> Other (please state):				

Reason for leaving
Brief description of your duties and responsibilities

Previous Employer 4

Start Date (MM/YYYY)		End Date (MM/YYYY)		Contract Duration (months)	
Employer Name					
Full Postal Address					
	Post/Zip Code				
Type of Business					
Name of Educational or Clinical Supervisor			Job Title		
Email			Telephone		
Your Job Title					
Grade					
Specialty			Sub-Specialty (if applicable)		
Hospital/Base					
Contract Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Ad Hoc Contract <input type="checkbox"/> NHS Locum <input type="checkbox"/> Agency Locum <input type="checkbox"/> Sessional GP <input type="checkbox"/> Rotational Post with NTN <input type="checkbox"/> OOH GP <input type="checkbox"/> Salaried GP <input type="checkbox"/> Other (please state):				

Reason for leaving
Brief description of your duties and responsibilities

Previous Employer 5

Start Date (MM/YYYY)		End Date (MM/YYYY)		Contract Duration (months)	
Employer Name					
Full Postal Address					
		Post/Zip Code			
Type of Business					
Name of Educational or Clinical Supervisor			Job Title		
Email			Telephone		
Your Job Title					
Grade					
Specialty			Sub-Specialty (if applicable)		
Hospital/Base					
Contract Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Ad Hoc Contract <input type="checkbox"/> NHS Locum <input type="checkbox"/> Agency Locum <input type="checkbox"/> Sessional GP <input type="checkbox"/> Rotational Post with NTN <input type="checkbox"/> OOH GP <input type="checkbox"/> Salaried GP <input type="checkbox"/> Other (please state):				

Reason for leaving
Brief description of your duties and responsibilities

Previous Employer 6

Start Date (MM/YYYY)		End Date (MM/YYYY)		Contract Duration (months)	
Employer Name					
Full Postal Address					
	Post/Zip Code				
Type of Business					
Name of Educational or Clinical Supervisor			Job Title		
Email			Telephone		
Your Job Title					
Grade					
Specialty			Sub-Specialty (if applicable)		
Hospital/Base					
Contract Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Ad Hoc Contract <input type="checkbox"/> NHS Locum <input type="checkbox"/> Agency Locum <input type="checkbox"/> Sessional GP <input type="checkbox"/> Rotational Post with NTN <input type="checkbox"/> OOH GP <input type="checkbox"/> Salaried GP <input type="checkbox"/> Other (please state):				

Referees

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 clinical supervisor or clinical tutor.

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 by the Operations Team.

Referees may be approached prior to interview, unless you indicate otherwise below.

You must provide a minimum of two references, covering a three-year period.

Referee 1

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		

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		

Referee 3

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		

Please add further referees to cover the three-year period, if necessary.

Supporting Information

Elements of this section may not apply to you or the post for which you are applying. Please be reassured that your application will only be measured against the essential and desirable criteria set down in the published person specification. If you have nothing to insert in a specific (specialist) section, please state 'not applicable'.

Declaration of Practical Experience <i>Please list your practical experience that is relevant to the post applied for, up to a maximum of 8. This should refer to verifiable Log Book/Portfolio Evidence which will need to be presented by all appointed candidates. Please list the most recent first.</i>	Number of Recorded Procedures or Interventions Completed	
	Under Senior Supervision	Independently
<i>Please briefly describe the extent of your proficiency and experience in the procedures highlighted above, along with any particular clinical skills/experience/special interests you possess that you may wish to highlight. (max. 100 words)</i>		
<i>In the context of this post, in reflecting on your own skills and abilities, are there any areas where you might seek further development and support? (max. 100 words)</i>		

Teaching

If applicable, please briefly describe both formal and informal teaching you may have undertaken, the main topics taught, your audience (numbers and composition) and which teaching methods you have used. If you have attended formal training or courses on teaching, please identify them here, and include any feedback you may have received about your teaching skills. (max. 250 words)

Do you hold any particular qualifications in Teaching? (max. 100 words)

Management of Change

If applicable, please briefly describe changes (including audits and quality improvement projects) you may have personally undertaken over the past 5 years and wish to highlight. Include the aim and outcome, whether you led the change independently or worked under the supervision of a senior. Please list the most recent first, up to maximum of 5.

Description of Change	Date	Aim & Measure of the Change	Conclusions/Actions

Of the change/audits/projects you have undertaken, which has been of most value, and why? (max. 100 words)

Describe the impact of a change initiated by you on wider members of your team. (max. 100 words)

Research

If applicable, briefly describe any research projects you have undertaken over the past 5 years, the research aim and outcome, whether you initiated and led the research independently or worked under the supervision of a senior. Please list the most recent first, up to a maximum of 5.

Project Title	Date	Aim of Research	Conclusions/Actions

Please summarise your main learning point from an effective audit/quality improvement project you have undertaken. (max. 100 words)

Do you hold any particular qualifications in Research? (max. 100 words)

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Publications in Peer Reviewed Journals	
<i>If you wish, please list up to 6 of your publications in peer reviewed journals. Please list the most recent first.</i>	
Date and Category of Publication	
Journal	
Publication Title	
Authors	
<hr/>	
Date and Category of Publication	
Journal	
Publication Title	
Authors	
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Date and Category of Publication	
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Date and Category of Publication	
Journal	
Publication Title	
Authors	
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Presentations	

If you wish, please give details of up to 6 presentations you have made. Please list the most recent first.

Title	Type (local/national/regional/international)	Year presented

Prizes or other academic distinctions

If you wish, please give details of up to 6 prizes or other academic distinctions you have received. Please list the most recent first.

Awarding Body	Description and Purpose of Award	Year received

Management and Leadership Experience

Please highlight experience you may have which is relevant to this post, not necessarily limited to professional activities. (max. 250 words)

Team Working

Describe situations where you have been involved in working in a team, not necessarily limited to professional activities. (max. 250 words)

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 particular post, if this has not been fully covered in the previous sections.

Please include 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. 1000 words)

Supporting Information Continued

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

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	

Please complete the box below to help us evaluate our recruitment strategies. Thank you.

Where did you see this vacancy advertised?		
<input type="checkbox"/> Our Website <input type="checkbox"/> NHS Jobs Website <input type="checkbox"/> Devon LMC Website <input type="checkbox"/> Indeed Website <input type="checkbox"/> Other Website	<input type="checkbox"/> Search Engine <input type="checkbox"/> Jobcentre Plus <input type="checkbox"/> Local Newspaper <input type="checkbox"/> National Newspaper <input type="checkbox"/> Professional periodical	<input type="checkbox"/> Advert at the Practice <input type="checkbox"/> Social Media <input type="checkbox"/> Friend/Family <input type="checkbox"/> Colleague <input type="checkbox"/> Other

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.

Cricketfield Surgery recognises 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), we must demonstrate that our recruitment processes are fair and that we 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 Practice 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.

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.

* Which of the following options best describes how you think of yourself?	
<input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual	<input type="checkbox"/> Other sexual orientation not listed <input type="checkbox"/> Undecided <input type="checkbox"/> Not stated (person asked but declined to provide a response)

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		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this
Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	

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

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.

* According to the definition of disability do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> I do not wish to disclose this information	<input type="checkbox"/> No
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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'.

<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition <input type="checkbox"/> Neurodiversity	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other, please detail:
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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

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.

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.

Cricketfield Surgery 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 Practice undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

During the rehabilitation period you are required to declare current 'unspent' criminal convictions or cautions (including reprimands and final warnings). Please note you are not legally obliged to disclose convictions or cautions which are protected or have become 'spent' under the Exceptions Order.

As part of assessing your application, the Practice 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 that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?

You should select **NO** if any convictions are protected (or filtered out); and/or have become SPENT as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013.

Please refer to further information about protected and spent convictions and cautions in the 'Application form Help - criminal background' section.
(https://www.jobs.nhs.uk/help/appformhelp_4.html)

Yes No

If **YES**, please provide details of the order binding you over and/or the nature of the offence, penalty, sentence or order of the Court, the date and place of the Court hearing.

You are not required to tell us about parking offences.

Please include any additional information or evidence that you believe to be relevant.

* Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?

You should tick **NO** if any cautions, reprimands or final warnings are protected (or filtered out); and/or have become SPENT as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013.

Please refer to further information about protected and spent convictions and cautions in the 'Application form Help - criminal background' section.

https://www.jobs.nhs.uk/help/appformhelp_4.html

Yes No

If **YES**, please provide details of the caution, reprimand or final warning, including the date and reason administered.

You are not required to tell us about parking offences.

Please include any additional information or evidence that you believe to be relevant.

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

The position you have applied for has been identified as being an 'eligible position' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) **[the Exceptions Order]** and, in certain circumstances, the Police Act 1997. This means that when considering any such appointment, the employing organisation is permitted to request a standard or enhanced disclosure through the Disclosure and Barring Service (known as a DBS check).

Both standard and enhanced DBS disclosures contain information about any convictions, cautions, reprimands and final warnings that are not protected (i.e. filtered) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

Before you complete this form, it will be important for you to read the highlighted note in the section below.

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

Please note that from 29 May 2013, a number of significant changes were introduced under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 (S.I. 2013/1198) which means that certain spent (old) or minor convictions and cautions are now protected (i.e. filtered) when specific conditions are met.

Any such convictions and cautions will no longer be included in any request for a standard or enhanced DBS check and you are no longer required to declare this information as part of a self-disclosure request or when completing a job application.

If you have a criminal record and are unsure about what might be revealed about you as part of a DBS check, or the type of information you should consider declaring when completing this form, the following links to guidance will help provide more clarity:

The simple guide to filtering (Unlock) at: <http://hub.unlock.org.uk/knowledgebase/filtering-simple-guide/>

Practical guidance on the DBS filtering rules (NACRO) at: www.nacro.org.uk/resettlement-advice-service/support-for-individuals/

* 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?

You should tick **NO** if any convictions are protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013.

Please refer to further information about protected and spent convictions and cautions in the 'Application form Help - criminal background' section.
(https://www.jobs.nhs.uk/help/appformhelp_4.html)

Yes No

If **YES**, please provide details of the order binding you over and/or the nature of the offence, penalty, sentence or order of the Court, the date and place of the Court hearing.

You are not required to tell us about parking offences.

Please include any additional information or evidence that you believe to be relevant.

* Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children?

Yes No

* Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with adults?

Yes No

Have you ever received a police caution, reprimand or final warning in the United Kingdom or in any other country?

You should tick **NO** if any cautions, reprimands or final warnings are protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013.

Please refer to further information about protected and spent convictions and cautions in the 'Application form Help - criminal background' section.

(https://www.jobs.nhs.uk/help/appformhelp_4.html)

Yes No

If **YES**, please provide details of the caution, reprimand or final warning, including the date and reason administered.

You are not required to tell us about parking offences.

Please include any additional information or evidence that you believe to be relevant.

Relationships

If you are related to a GP Partner, or have a relationship with a GP Partner or employee of Cricketfield Surgery, please state the relationship(s):

Thank you for taking the time to complete this application form in full.

**FAO The Operations Team
Cricketfield Surgery
Cricketfield Road
Newton Abbot
Devon
TQ12 2AS**