

APPLICATION FORM FOR NON-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 / VOLUNTEERING

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 Number	
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?

Yes 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 | |
-

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

APPLICATION FOR EMPLOYMENT/VOLUNTEERING

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 Title	
Department	

Education & Professional Qualifications

Please provide all relevant training and qualifications, also indicate subjects currently being studied and expected year of qualification. All qualifications disclosed will be subject to a satisfactory check. You may also wish to enclose a copy of your CV detailing further training and qualifications not directly relevant to this post.

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Employment History

Please record below the details of your employment history covering the last three years, beginning with your current or most recent first. We do require details of your full employment history, but you may do this by enclosing a copy of your CV or adding in to this section, as preferred. If required, please provide additional information regarding your employment history within the 'Supporting Information' section. This should include details of any gaps in your employment, with explanations for gap(s).

Have you ever worked for the NHS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Name			
Employer Address			
Your Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Please add additional employers/information on a separate sheet; this section must include employment covering a minimum of three years. Your full employment may also be included on separate sheets or you may enclose a copy of your CV.

References

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 line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your education institution.

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 i.e. doctor, solicitor, MP etc. Where it is genuinely not possible to obtain references from any of the sources outlined above, then 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.

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			
Referee 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			
Referee 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

In this section please give your reasons for applying for this post and additional information which demonstrates how you match the person specification. This can include relevant skills, knowledge, experience, voluntary activities, training etc.”

* 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

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:
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 tick **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.

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**