



(An Equal Opportunity Employer)

Application for the post of: _____
Trust/Organisation: _____
Reference No: _____
Closing Date/Time: _____

Title:

First Name

Second Name

Last Name

Previous Surname

National Insurance No

Permanent Residence

Street/House Number:

Street/House Number 2:

Country:

Location:

Post Code:

Temporary Residence

Street/House Number:

Street/House Number 2:

Country:

Location:

Post Code:

Which address would you prefer us to use to contact you?

Preferred Address	<input type="checkbox"/> Permanent Residence	<input type="checkbox"/> Temporary Residence
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Communication Data

E-Mail:

Please note if provided we will use your email address as the primary method of correspondence.

Private Number:

Business Telephone Number:

Mobile telephone Number:

Which telephone number would you prefer us to use to contact you?

Preferred Telephone number	<input type="checkbox"/> Private Number:	<input type="checkbox"/> Business Number:	<input type="checkbox"/> Mobile Number:
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References

Please name two suitable* referees, at least one of whom should have knowledge of your present or most recent work as your Line Manager/Employer. (Relatives should not be named as referees). If you have worked in the HSC/NHS, your last HSC/NHS Line Manager/Employer must be one of these referees.

(*Please see guidance notes for further information on suitable referees)

Title (Mr, Mrs, Miss, Ms, Dr)

Name:

Occupation:

Address:

Postcode:

Phone No.

Email:

Can we contact this referee prior to interview?

Yes No

Title (Mr, Mrs, Miss, Ms, Dr)

Name:

Occupation:

Address:

Postcode:

Phone No.

Email:

Can we contact this referee prior to interview?

Yes No

Professional Registrations e.g. Medical, Nursing, Allied Health Professional, Social Care

Name of Professional Body	Part of Register/Profession	Date of Registration	Registration Number	Expiry Date	Examinations to be taken

Are you currently the subject of a referral to, or an investigation by, your professional body?

Yes No

Have you been involved or are you currently involved in any professional or personal, unresolved or pending issue that might undermine your standing ability to do the job?

Yes No

EMPLOYMENT HISTORY

Current /Previous Employment

Present Post

Employer Name:

Period of Notice:

Employer Address:

Salary/Wage:

Start Date:
DD/MM/YY

Reason for Leaving

Job Title/Band:

Job Dept/Location:

Employment Status: Permanent Temporary Agency

Principal duties of present post:

Previous posts

Please list all your previous posts beginning with the most recent including periods out of employment and any training.

Name and Address of Employer	Job Title/Band	Start Date DD/MM/YY	End Date DD/MM/YY	Reason for Leaving	Duties

Previous posts (continued)

Please list all your previous posts beginning with the most recent including periods out of employment and any training.

Name and Address of Employer	Job Title/Band	Start Date DD/MM/YY	End Date DD/MM/YY	Reason for Leaving	Duties

If you have any gaps in your career history, please include and explain these in the box below.

For administrative purposes please indicate planned holiday arrangements. *We are under no obligation to take account of your holiday arrangements*

Please indicate how you became aware of this vacancy:

HSC wide Trawl Internal Trust Trawl Job Market

Professional Journal HSC Portal

Regional/Local Newspapers, Please specify

External Website, Please specify

Other, Please specify

PLEASE ENSURE THAT YOU HAVE COMPLETED ALL RELEVANT PARTS OF THIS APPLICATION FORM INCLUDING THE EQUAL OPPORTUNITIES MONITORING SECTION AND ALL JOB RELATED QUESTIONNAIRES.

A candidate found to have knowingly given false information or to have wilfully suppressed any material fact will be liable to disqualification or, if appointed, to dismissal.

Residency Status

Nationality: UK National EEA or Swiss National Non-EEA National

Please select the appropriate document type that you will be able to provide as evidence of your Residency/Immigration status

UK National:

Passport/Passport No. _____ Birth Certificate* Adoption Certificate*
 Registration/Naturalisation Certificate* HO/UKBA issued National Identity Card*
Card No. _____

* In addition to these documents please indicate if you will be able to provide as evidence the following:

National Insurance Card Yes No P45 Yes No
Letter from Government Agency Yes No P46 Yes No

EEA/Swiss National:

Passport/National Identity Card
Passport No. _____ Country of issue: _____

Non-EEA National:

UKBA issued biometric immigration document with ILR
 Passport/Travel document with ILR
Passport No. _____ Country of issue: _____

HO/UKBA issued immigration status document with ILR*
 HO/UKBA issued letter with ILR*
 Passport/Travel document with LLR
Passport No. _____ Country of issue: _____

UKBA issued biometric immigration document with LLR
 Passport with endorsement/stamp for LLR and work permit
Passport No. _____ Country of issue: _____

HO/UKBA issued application registration card
 HO/UKBA issued immigration status document allowing work*
 HO/UKBA issued letter allowing work*
 Letter from HO/UKBA stating LLR and work permit
 Certificate of Registration/Naturalisation*
 Certificate of Application plus UKBA Employers checking service

* In addition to these documents please indicate if you will be able to provide as evidence the following:

National Insurance Card Yes No P45 Yes No
Letter from Government Agency Yes No P46 Yes No

Visa/Certificate of Sponsorship

Visa Type _____ Start Date: _____ Expiry: _____
Sponsorship Number: _____ Sponsorship End Date: _____

Access to Residency Status information will be strictly controlled. Employees should complete this information in the knowledge that it will be processed in line with requirements of the Data Protection Act 1998.



Title of the Questionnaire - Staff Nurse Band 5 - Rolling Ad

Q1 BHSCT_Registered Nurse on Part 1 (Adult) of the NMC Register. (Those due to be registered by the end of November 2016 may apply).

Ans:

Title of the Questionnaire - HSC_Medical History

Q1 HSC_Whether you have been in employment or not, please give details and dates of all periods of sickness over the past 3 years up to the date of this application. Please record 1. The Nature of Sickness/Absence, 2. Date From and To, 3. No. of Days and 4. Whether you consulted a Doctor or not? If you have NOT had any periods of sickness over the last 3 years please record a 'n/a' in this box.

Ans:

Q2 HSC_Have you ever had to resign, retire or been dismissed from a post because of ill-health?

Ans: No
Yes

Title of the Questionnaire - HSC_Disability

Q1 HSC_Do you require a reasonable adjustment for reasons relating to a disability to allow you to attend for interview?

Ans: No
Yes

Q2 HSC_If yes, please give details.

Ans:

Q3 HSC_Do you require a reasonable adjustment for reasons relating to a disability to allow you to undertake the duties of this post if successful?

Ans: No
Yes

Q4 HSC_If yes, please give details.

Ans:

Title of the Questionnaire - HSCNI Convictions/Offences

Q1 HSCNI Setting aside Protected Disclosures, have you ever been convicted of any criminal offence?

Ans: No
Yes

Q2 HSCNI Are you currently the subject of a police investigation or do you have any prosecutions pending?

Ans: No
Yes

Q3 HSCNI If you answered 'No' to both questions above and have NEVER (setting aside protected disclosures) received any charges, prosecutions, convictions, cautions or bind over orders, please record an 'n/a' in this box. If You answered Yes to either question above, please list below the details of all charges, prosecutions, convictions, cautions, bind over orders even if they happened a long time ago. You must include any minor matters, any road traffic or motoring offences and any which may be pending. *Please note that disclosure of a conviction does not necessarily debar any applicant from obtaining employment.

Ans:

Title of the Questionnaire - HSC_Driving Licence/Access to Transport

Q1 HSC_Do you hold a current full driving licence valid in the UK?

Ans: No
Yes

Q2 HSC_If required, do you have access to a car, or a form of transport which will enable you to undertake the duties of this post?

Ans: Yes
No
N/A

Title of the Questionnaire - HSC_Governance Questionnaire

Q1 HSC_Are you currently the subject of a referral to, or an investigation by, your professional body?

Ans: Yes
No
Not Applicable

Q2 HSC_Have you been involved or are you currently involved in any professional or personal, unresolved or pending issue that might undermine your standing ability to do the job?

Ans: No
Yes

Q3 HSC_Have you ever been referred to the Independent Safeguarding Authority as a result of misconduct involving children and/or vulnerable adults?

Ans: No
Yes

Q4 HSC_If you answered yes to the question above re Independent Safeguarding Authority, please give details. If you answered No, please record a 'n/a' in this box.

Ans:

Title of the Questionnaire - HSC_Planned Holiday Arrangements

Q1 HSC_For administrative purposes please indicate if you have any planned holiday arrangements. If you do please enter the applicable 'From' and 'To' dates. If you have no planned holiday arrangements, please indicate this with a 'N/A'. We are under no obligation to take account of your holiday arrangements.

Ans:

Title of the Questionnaire - HSCNI Personal Declaration

Q1 HSC_Do you agree with the above?

Ans: Yes

EQUAL OPPORTUNITIES MONITORING

The Health & Social Care (HSC) organisation is committed to equality of opportunity for all staff and job applicants. The HSC organisation selects those suitable for employment and advancement solely on the basis of merit and is also monitoring its activities to ensure that its equal opportunity policy is effectively implemented. Section 75 of the Northern Ireland Act 1998 requires us to promote equality of opportunity on the basis of all nine categories. To assist in this monitoring process it is necessary to ask you a number of questions.

(1) Date of Birth:
(2) Sex: Male Female
(3) Marital Status: Single Married/Civil Partnership Other

(4) Community Background: We are required to monitor the community background of applicants and employees under the Fair Employment and Treatment (NI) Order 1998. Regardless of whether you actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities. We therefore ask you to indicate your community background by ticking the appropriate box below. If you do not provide this information, it is required under Fair Employment Legislation that we make a determination of your perceived religious affiliation using the Residuary Method of Monitoring. **Please note that it is an offence under the Fair Employment and Treatment (NI) Order 1998 to give false information.**

- a) I am a member of the Protestant community
- b) I am a member of the Roman Catholic community
- c) I am a member of neither the Protestant nor the Roman Catholic community

(5) Religious Belief: Please indicate if you practice a particular religion by ticking one box.

Buddhist Christian Hindu Jewish Muslim Sikh
 None Other

(6) Ethnic Group: To which of these ethnic groups do you consider you belong?

Bangladeshi <input type="checkbox"/>	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
Black Other <input type="checkbox"/>	Chinese <input type="checkbox"/>	Filipino <input type="checkbox"/>
Indian <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>	Mixed Ethnic Group <input type="checkbox"/>
Pakistani <input type="checkbox"/>	White <input type="checkbox"/>	Other <input type="checkbox"/>

(7) Nationality:

British <input type="checkbox"/>	English <input type="checkbox"/>	Filipino <input type="checkbox"/>	Indian <input type="checkbox"/>
Irish <input type="checkbox"/>	Latvian <input type="checkbox"/>	Lithuanian <input type="checkbox"/>	Northern Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Polish <input type="checkbox"/>	Portuguese <input type="checkbox"/>	Scottish <input type="checkbox"/>
Welsh <input type="checkbox"/>	Other <input type="checkbox"/>		

(8) Do you have caring responsibilities for: (tick each box that applies to your circumstances)

a child (or children)	<input type="checkbox"/>
a dependent older person	<input type="checkbox"/>
a person(s) with a disability	<input type="checkbox"/>
none of the above	<input type="checkbox"/>

(9) Disability:

The Disability Discrimination Act 1995 defines disability 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. "Normal day-to-day activities" listed in the Act are mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger.

(If you take medication, treatment or have a prosthesis to manage your condition, would you consider that you had a disability if you were without these? If so, you should answer 'yes' below.)

Having read this definition, do you consider yourself as having a disability?

Yes

No

If yes, please indicate which type of impairment(s) apply to you: (please tick all that apply to you)

Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Learning disability, such as Down's Syndrome, Dyslexia or Cognitive Impairment such as Autism

Mental health condition, such as depression or schizophrenia

Physical Impairment, such as difficulty using arms or, mobility requiring a wheelchair or crutches

Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment

Other

(10) Sexual Orientation:

My sexual orientation is towards someone:

Of the opposite sex Of the same sex Of the same sex and of the opposite sex

I do not wish to answer

(11) Political Opinion:

Please tick the appropriate box to indicate your political opinion.

Broadly Nationalist

Broadly Unionist

Other

I do not wish to answer

(12) Are you currently an employee of the organisation to which you are applying (excludes agency workers)?

Yes

No

Access to this information will be strictly controlled. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. Whilst the HSC organisation will treat the information given on this monitoring form as private and confidential, staff are advised that legal processes may require the HSC organisation to disclose the information given to certain statutory bodies, and, in some circumstances, open Tribunal. Employees should complete the form in the knowledge that it will be processed in line with requirements of the Data Protection Act 1998.

The information will subsequently be transferred to the monitoring system operated by the HSC organisation. There it will be strictly controlled in accordance with an agreed Code of Practice.