

## NHS STANDARD APPLICATION FORM

<b>For Office Use Only</b> Online Reference Number:
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Please fill in the application form below. Do not type/write using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.

### APPLICATION FORM FOR AN HONORARY CLINICAL ATTACHMENT AT BSMHFT

Details entered in this part of the form will be held by the recruiting employer. Access to this information will be withheld from the shortlisting panel. Please do not type/write using only capital letters, as this could lead to your application being automatically rejected. Please use the appropriate mixture of capital and lowercase letters in standard written text.

Job Reference Number	
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	
Contact Address City Country Postcode	
Home Address (if different) City Country Postcode	
Home Telephone	
Mobile Telephone (only if UK registered)	

<i>NHS Jobs can send text messages to UK registered mobile for key activities associated with applications.</i> Check this box if you wish to receive updates by text message?	<input type="checkbox"/>		
Work Telephone			
Preferred telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work		
Email Address			
Next of Kin Name (in case of Emergency)			
Next of Kin Address			
Next of Kin Phone/Email			
*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.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Highly Skilled Migrant Programme/Tier 1  <input type="checkbox"/> Indefinite Leave to remain/enter  <input type="checkbox"/> Work Permit/Tier 2  <input type="checkbox"/> Dependant / Spouse visa  <input type="checkbox"/> Clinical attachment visa  <input type="checkbox"/> Tier 4 student  <input type="checkbox"/> Visitor           </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Post Graduate Doctors and Dentists  <input type="checkbox"/> Tier 5 Temporary Workers  <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa  <input type="checkbox"/> Refugee   <input type="checkbox"/> Other, please specify below            -----           </td> </tr> </table>		<input type="checkbox"/> Highly Skilled Migrant Programme/Tier 1 <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Tier 4 student <input type="checkbox"/> Visitor	<input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa <input type="checkbox"/> Refugee  <input type="checkbox"/> Other, please specify below -----
<input type="checkbox"/> Highly Skilled Migrant Programme/Tier 1 <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Tier 4 student <input type="checkbox"/> Visitor	<input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa <input type="checkbox"/> Refugee  <input type="checkbox"/> Other, please specify below -----		
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?			
<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 FORM FOR AN HONORARY CLINICAL ATTACHMENT

Details entered in this part of the form will be held by the recruiting employer and will be made available to the short-listing panel.

Job Reference Number		Online reference number	
Job Title			
Department			

### Reasons for applying for a Clinical Attachment

### Chosen Speciality / named Consultant to Gain Experience

*i.e. Older Adults, Perinatal*

<b>1<sup>st</sup> Choice:</b>
<b>2<sup>nd</sup> Choice:</b>

### Documentation required to process application :-

	Yes (tick)	No (tick)
I have attached my CV		
I can provide a scan of my passport and visa		
I can provide either a UK DBS Certificate or an Overseas Police Check/Certificate of Good Standing		

## Education & Professional Qualifications

All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.			
Subject/Qualification	Place of Study	Grade/result	Year obtained

## Training Courses Attended

Training courses that you have attended or details of courses that you are currently undertaking, together with the date completed or to be completed.			
Course Title	Training Provider	Duration	Year obtained

## 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 UK Professional Registration status *
<input type="checkbox"/> I do not have the relevant UK professional registration status
<input type="checkbox"/> I have current UK professional registration
<input type="checkbox"/> UK professional registration required and applied for
<input type="checkbox"/> UK professional registration required but not yet applied for
<input type="checkbox"/> I am a student
<input type="checkbox"/> Not required for this post

If professional registration is not required then go to **Employment History**.

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

## Employment History

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.

Start of continuous NHS service (If applicable) (MM/YYYY)	
Months since most recent employment ended (if applicable)	

## Current/most recent employer

Employer Name	
Address	

Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

**Previous Employer 1**

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

### Previous Employer 2

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

### Previous Employer 3

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	

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

**Previous Employer 4**

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			



**Previous Employer 5**

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

**Previous Employer 6**

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	

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

Please add additional employers/information on a separate sheet.

**Employment Gaps**

If you have any gaps within your employment history, please state the reasons for the gaps below.

## 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 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 recruiting employer.

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			
*Postcode/ 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		

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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## Supporting Information

In this section, please give your reasons for applying for this post and additional information which demonstrates that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this particular position. This can include relevant skills, knowledge, experience, voluntary activities, training etc.

If relevant to the post for which you are applying, you should include details about research experience, publications or poster presentations, 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
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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.

	Tick box
I understand that this attachment is for observation only	
I understand that my attachment will be subject to Occupational Health and HR Checks	
I understand the duration of the attachment is between 8 – 12 weeks.	

I agree to the above declaration			
Signature			
Name		Date	

**We will endeavour to respond as soon as possible.**

**Thank you.**

**Clinical Attachment Team**

**BSMHFT**

Thank you for your application. Due to the large volume of requests we receive for Clinical Attachments, we cannot guarantee a place for you as places are limited.

If you do not hear from us within 4 weeks, please assume your application has not been successful.

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

## MONITORING INFORMATION

NHS organisations recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, all NHS organisations are required to 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. Therefore a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.

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. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up 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.

### 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.

* Please indicate the option which best describes your sexual orientation	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this

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

## 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

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

* 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
Please state the type of impairment which applies to you. 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"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



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## 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.

The organisation 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 organisation undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

You are required to declare all current 'unspent' criminal convictions or cautions (including reprimands and final warnings). You are not required to disclose convictions or cautions which have become 'spent'.

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

Yes       No

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

Please include details of the order binding you over and/or the nature of the offence, penalty, sentence or order of the Court, and the date and place of the Court hearing.

You **are not** required to disclose information about any convictions, cautions, reprimands or final warnings which are 'SPENT' (old) under the Rehabilitation of Offenders Act 1974.

**It is important that you understand the changes that came into effect from March 2014 under the Legal Aid, Sentencing and Punishment of Offenders Act which makes amendments to the length of time before certain sentences become spent (in England and Wales only).**

You **are not** required to tell us about parking offences.

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

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## 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:

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