

IN CONFIDENCE

PLEASE COMPLETE IN BLOCK LETTERS AND IN **BLACK INK**

Job Ref No.....

Application for Employment

TITLE (if appropriate)

FORENAME(s)

SURNAME (BLOCK LETTERS)

DATE OF BIRTH

Application for post of

Unit/Hospital

Department

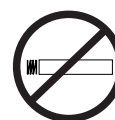
Return to: **Personnel Department**
West Suffolk Hospital
Hardwick Lane
Bury St Edmunds
Suffolk IP33 2QZ

Closing date

MEDICAL STAFF - CURRICULA VITAE

Consultants – Nine copies

Other grades – Three copies



West Suffolk Hospitals NHS Trust

Equal Opportunities in Employment

POLICY

West Suffolk Hospitals NHS Trust believes that there should be no discrimination (direct or indirect) in relation to recruitment, training and promotion on grounds of race, colour, sex, marital status or disability. The Trust will take all appropriate steps to ensure that all employees are recruited, trained and promoted on the basis of ability, the requirements of the job, and the need to maintain a highly effective and efficient patient care service.

This policy is in accordance with the full provisions of the Sex Discrimination Act 1975, Race Relations Act 1976, Disability Discrimination Act 1995, and endorses the Equal Opportunities Commission Code of Practice and Commission for Racial Equality Code of Practice (1983).

MONITORING

To ensure the equal opportunities is effective, detailed monitoring of applications will be carried out. This necessitates the collection of information regarding the applicant's ethnic origin, sex, marital status and disablement. This information will be used solely for monitoring purposes, will be treated as confidential and will be separated on receipt and before consideration of candidates takes place.

PLEASE COMPLETE BELOW AND RETURN WITH APPLICATION FORM

Hospital Department

Application for post of Job Ref No

1. I would describe my ethnic origin as (indicate by placing an X in the appropriate box).

WHITE

- ☐ British
☐ Irish
☐ Any other white background

MIXED

- ☐ White & Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Any other mixed background

ASIAN or ASIAN BRITISH

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

BLACK or BLACK BRITISH

- ☐ Caribbean
☐ African
☐ Any other Black background

OTHER ETHNIC GROUP

- ☐ Chinese
☐ Any other Ethnic Group background

2. My sex is (indicate by placing an X in the appropriate box).

Male ☐

Female ☐

3. My marital status is (indicate by placing an X in the appropriate box).

Single ☐

Married ☐

Divorced ☐

Widowed ☐

4. Do you have a health problem or disability which is relevant to your job application? Yes ☐ No ☐

Surname

First Name(s)

Address

Signed

Date

Address for correspondence

Telephone: (Home).....

(Work)

(Mobile)

.....Postcode

E-mail:

Are you a British Citizen or European Economic Area National?

Yes ☐

No ☐

If 'no' please continue.

Do you require a work permit?

Yes ☐

No ☐

Do you have Permit Free Training status?

Yes ☐

No ☐

If 'no' please give details of your status of entry to the UK

GENERAL EDUCATION: Secondary Schools, Further Education	From	To	Qualifications and Grades
Professional Qualifications Obtained	Dates	Grade/Registration No	
Qualifications currently being studied for	Dates	Level/Part	

Registration with

Professional Body: YES/NO

Full ☐

Provisional ☐

Limited ☐

Registration No

Medical Defence Organisation

No

Are you on the Specialist Register?.....YES/NO

If not, what is your proposed CCST date

PRESENT EMPLOYMENT

Employer	Post Held/Speciality Grade	From	To	Salary

Period of Notice required by Current Employer

PREVIOUS EMPLOYMENT

Posts held over past 10 years, most recent first, including service with H.M. Forces. (All previous service for medical staff.)

Employer	Post Held/Speciality Grade	From	To

Please state the names and addresses of the two referees (three referees for medical staff) who may be approached on your behalf. References must be provided by your present and next most recent employer(s), (or most recent employers if not in employment) or place(s) of study. For health professionals references should be supplied by the clinical line manager and Medical Director or Chief Executive as appropriate. **Referees may be approached immediately UNLESS X is marked in the box.**

1. Name

.....

2. Name

.....

3. Name

.....

Address

Tel No ☐

Address

Tel No ☐

Address

Tel No ☐

If successful when could you take up this appointment?

Please state how you became aware of this vacancy

Please give a concise account of any relevant experience and further details in support of your application (including research projects and main publications with dates and titles). Please continue on a separate sheet if necessary.

If you have not held recent regular employment, please include details of any activities which may help with your application.

If you have indicated overleaf that you have a disability or health problem that may require us to make some adjustments to the working environment, please give brief details below:

Criminal Records and Fitness to Practise

Do you have any criminal convictions that are pending or not spent under the Rehabilitation of Offenders Act 1974?

Yes ☐ No ☐

If yes, please give details.....

.....

Applicants for some posts in health and social services are not entitled to withhold information about criminal convictions, however long ago these occurred and if you are appointed to such a post you will be asked to agree to a Criminal Records Bureau (CRB) disclosure check. The requirement for a CRB disclosure will be signalled in the job advertisement. Completion of a self-disclosure in relation to criminal records and fitness to practise is also required for some posts. If self-disclosure is a requirement of the post you are applying for a form will be included with the application pack.

I understand that the appointment, if offered, will be subject to the information given on this form being correct and that canvassing or failure to disclose a relationship to a senior officer will disqualify, as will failure to disclose any pertinent facts relating to the appointment or to previous employment.

I understand that information about my application will be recorded and processed on computer in order to progress and monitor appointment. I consent to the recording and processing of personal data in this way in accordance with the Data Protection Act 1998.

Full Name

Signed Date

For more information about the Trust and surrounding area go to www.wsufftrust.org.uk