

# SHROPSHIRE DOCTORS CO-OPERATIVE LIMITED (SHROPDOG)

## APPLICATION FORM

Please fill in this Application Form, it is split into two parts: Part A and Part B. Please fill in both parts of the form and check it carefully before sending. Please note that questions marked with an asterisk '\*' are mandatory and must be answered.

Return to: Personnel Manager, Shropdoc, Unit A, 3 Longbow Close, Shrewsbury, SY1 3GZ or  
recruitment@shropdoc.nhs.uk

### APPLICATION FOR EMPLOYMENT - PART A

Job Title		Applicant No:	
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#### Personal Details

1* Surname/Family Name			
2,3* First Names			
4 Title		5* Date of Birth	
6 UK National Insurance No.		7* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose my gender
8* Address			
13* Postcode		14* Country	
15 Home Telephone		16 Mobile Telephone	
17 Work Telephone		18 May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19* Do you need a UK work permit to do this job under the terms of the Immigration and Asylum Act 1996?			
<input type="checkbox"/> No, I do not need a UK Work permit <input type="checkbox"/> Yes, I need a UK Work Permit <input type="checkbox"/> No, I have a UK Training & Work Experience Permit			
20 Details of any permit currently held:			
21 E-mail address:			

## Equal Opportunities Monitoring

### Race Relations (Amendment) Act 2000

As part of our Equal Opportunities Policy and Procedure we ask you to give the following information about applicant's ethnicity. This information is collected and is used for monitoring purposes only.

23* I would describe my ethnic origin as follows:		
<b>Asian or Asian British</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> any other Asian background	<b>Mixed</b> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> any other Mixed background	<b>Other Ethnic Group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> any other ethnic group
<b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> any other Black background	<b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> any other White background	<input type="checkbox"/> I do not wish to disclose my ethnic origin

### Employment Equality Regulations 2003

In order to comply with these regulations and as part of our Equal Opportunities Policy and Procedure we are monitoring sexual orientation and religion/belief in applications.

24* Do you have a sexual orientation towards:	
<input type="checkbox"/> Persons of the opposite sex <input type="checkbox"/> Persons of the same sex	<input type="checkbox"/> Persons of the same and opposite sex <input type="checkbox"/> I do not wish to disclose my sexual orientation
25* Please indicate your religion or belief:	
<input type="checkbox"/> Atheism <input type="checkbox"/> Bhuddism <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 my religion	

### Disability Discrimination Act 1995

Under the terms of the Act a disability is defined 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'.

Shropdoc welcomes applications from disabled people.

26* Do you consider yourself disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose whether or not I have a disability
27 If yes, do you need special arrangements to enable you to attend for interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 If so, please give details:	

## Rehabilitation of Offenders Act

In order to protect certain vulnerable groups within society, there are a number of posts and professions that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. As the post you have applied for falls within this category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act (Exceptions Order) 1975.

The amendments to the Exceptions Order 1975 (2013) provide that certain 'spent' convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service Website (<https://www.gov.uk/government/news/disclosure-and-barring-service-filtering>)

Any information given will be confidential and will be considered only in relation to posts to which the order applies.

29* Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the UK or in any other country? (You do not need to disclose 'protected' 'spent' convictions or cautions as detailed above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
30 If so, please give details:	

Individuals applying for positions which involve a 'regulated activity' are required to have a check by the Disclosure and Barring Service and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults. The full definition of 'regulated activity' is defined in the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012 which came into force on 10 September 2012. Any offer of employment may be subject to a satisfactory disclosure from the Disclosure and Barring Service. Failure to reveal information relating to any convictions/cautions could lead to withdrawal of an offer of employment.

## Relationships

31 If you are related to a director, or have a relationship with a director or employee of Shropdoc please state the relationship:

## DECLARATION

The information in this form (parts A&B) are 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. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration			
Signature			
Name		Date	



## Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships.

37* My Professional Registration status is:			
<input type="checkbox"/> Not required for this post	<input type="checkbox"/> I have applied for UK registration	<input type="checkbox"/> I have current UK registration	<input type="checkbox"/> I have not applied for UK registration

If professional registration is not required then go to question 41.

38 If you are registered then please enter the relevant details below.			
Professional Body	Membership or Registration type	Membership/Registration/PIN	Expiry/Renewal Date

If you are applying for a post that requires professional medical registration you are required to provide the following information:

39 Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40 Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Employment History

Please record below the details of your current or most recent employer.

41 Employer Name			
42 Address			
43 Type of Business		44 Telephone	
45 Job Title			
46 Start Date		47 End Date	
49 Grade		50 Salary	
51 Reporting to (job title)		52 Period of Notice	
53 Reason for leaving (if applicable)			
54 Description of your duties and responsibilities			

## Previous Employment

55 Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the "Supporting Information" section below. Please add additional employers/information on a separate sheet.

### Previous Employer 1

Employer Name			
Address			
Job Title			
From Date		To date	
Reason for leaving			
Description of your duties and responsibilities			

### Previous Employer 2

Employer Name			
Address			
Job Title			
From Date		To date	
Reason for leaving			
Description of your duties and responsibilities			

**Previous Employer 3**

Employer Name			
Address			
Job Title			
From Date		To date	
Reason for leaving			
Description of your duties and responsibilities			

**Supporting information**

In this section please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with this application form). This can include relevant skills, knowledge, experience, voluntary activities and training etc. If relevant to the post for which you are applying you should include details about research experience, publications or, clinical care (knowledge and skills) and clinical audit.

56 Supporting Information (Please continue on additional sheets if necessary)

## References

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been, employed these should be your two most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable. For medical or financial posts you must additionally provide a 3rd reference. For all posts written references obtained must cover at least the preceding 3 years of employment. All referees will be approached prior to interview unless you indicate otherwise.

### Referee 1

57* Name			
59 Job Title			
62* Address			
65* Postcode		66* Country	
67 Telephone		68 Fax	
69 Email			
70* Relationship		71* Can the referee be approached prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Referee 2

72* Name			
74 Job Title			
75* Address			
80* Postcode		81* Country	
82 Telephone		83 Fax	
84 Email			
85* Relationship		86* Can the referee be approached prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Referee 3

87 Name			
89 Job Title			
90 Address			
95 Postcode		96 Country	
97 Telephone		98 Fax	
99 Email			
100 Relationship		101 Can the referee be approached prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No