



Llanfyllin Group Practice

STANDARD APPLICATION FORM

For Office Use Only

APPLICATION FOR EMPLOYMENT AT LLANFYLLIN GROUP PRACTICE

| | |
|----------------------|--|
| Job reference number | |
| Job title | |

Personal details

| | |
|---|---|
| Title | |
| Surname/Family name | |
| First name(s) | |
| Name in which you are registered with a professional body (if applicable) | |
| Address | |
| Postcode | |
| Country | |
| Home telephone number | |
| Mobile telephone number | |
| Work telephone number | |
| Preferred telephone number | <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work |
| Your email address | |
| Do you have the right to work in the UK? | |
| Note: If you are not a UK citizen, you will be required to provide evidence of your right to work in the UK | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |



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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"/> Postgraduate 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"/> Dependant/spouse visa | |
| <input type="checkbox"/> Working holiday visa/tier 5 youth mobility | |
| <input type="checkbox"/> Clinical attachment visa | |
| <input type="checkbox"/> Refugee | |
| <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 number:
 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

Are you an NHS professional returning to practice?

☐ Yes ☐ No



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APPLICATION FOR EMPLOYMENT

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

| | | | |
|----------------------|--|-------------------------|--|
| Job reference number | | Online reference number | |
| Job title | | | |
| Department | | | |

Education and professional qualifications

Please enter 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 |
|-----------------------|----------------|--------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Relevant training courses attended

Please provide details regarding training courses that you have attended or are currently undertaking, together with the date completed or to be completed by.

| Course title | Training provider | Duration | Year completed |
|--------------|-------------------|----------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



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Membership of professional bodies

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

| Professional body | Membership or registration type | Membership/Registration/PIN number | Expiry/renewal date |
|-------------------|---------------------------------|------------------------------------|---------------------|
| | | | |
| | | | |

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

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 on a separate sheet.

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

Current/most recent employer (reference always required)

| | | | |
|------------------------------------|--|--------------------|--|
| Employer name | | | |
| Address | | | |
| Type of business | | Telephone number | |
| Your 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



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| |
|--|
| |
|--|

Previous employer 1

| | | | |
|------------------------------------|--|--------------------|--|
| Employer name | | | |
| Your job title | | | |
| Start date (MM/YYYY) | | End date (MM/YYYY) | |
| Salary (Optional) | | | |
| Reason for leaving (if applicable) | | | |
| | | | |

Previous employer 2

| | | | |
|------------------------------------|--|--------------------|--|
| Employer name | | | |
| Your job title | | | |
| Start date (MM/YYYY) | | End date (MM/YYYY) | |
| Salary (Optional) | | | |
| Reason for leaving (if applicable) | | | |
| | | | |



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Previous employer 3

| | | | |
|------------------------------------|--|--------------------|--|
| Employer name | | | |
| Your job title | | | |
| Start date (MM/YYYY) | | End date (MM/YYYY) | |
| Salary (Optional) | | | |
| Reason for leaving (if applicable) | | | |
| | | | |

Previous employer 4

| | | | |
|------------------------------------|--|--------------------|--|
| Employer name | | | |
| Your job title | | | |
| Start date (MM/YYYY) | | End date (MM/YYYY) | |
| Salary | | | |
| Reason for leaving (if applicable) | | | |
| | | | |

If necessary, please add additional employers/information on a separate sheet.



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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 your referees.

- References must cover a three year period of continuous employment, training or education. Your referees will be required to confirm this. They may need to comment on your skills, personal qualities and suitability for the post.
- Your referee could be an HR department, line manager or someone in a position of responsibility.
- You must provide an email address for each referee. This may require you to contact your referee to confirm this prior to submitting your application as this is a mandatory field.
- If you are a student or trainee, this should include a teacher/tutor at your school/college or university.
- If you have not been in employment or education for the last three years, you may need to supply a character reference or a personal statement. A character reference must not be from a relative or someone who has a financial arrangement with you.
- Email addresses for employers must be a valid work email address and not the referee's personal email address unless the email being provided is covering a gap in work history or the employer no longer exists and the referee being used is a personal/character referee.
- All reference requests will be verified by the recruiting employer.

Referees may be approached before interview, unless you state otherwise



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Referee 1

| | | | |
|--|---|------------|--|
| Type of reference | <input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/> School/College/University/Higher Education <input type="checkbox"/> Personal/character | | |
| Title | | | |
| Surname/Family name | | First name | |
| Relationship | | | |
| Employer name | | | |
| Referee job title | | | |
| Address | | | |
| Postcode | | | |
| Telephone | | Country | |
| Referee email address | | Fax | |
| Period this reference covers | From: (MM/YYYY) To: (MM/YYYY) | | |
| Can the referee be contacted prior to interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Referee 2

| | | | |
|---------------------|---|------------|--|
| Type of reference | <input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/> School/College/University/Higher Education <input type="checkbox"/> Personal/character | | |
| Title | | | |
| Surname/Family name | | First name | |
| Relationship | | | |
| Employer name | | | |
| Referee job title | | | |



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| | | | |
|--|---|---------|--|
| Address | | | |
| Post Code | | | |
| Telephone | | Country | |
| Referee email address | | Fax | |
| Period this reference covers | From: (MM/YYYY) To: (MM/YYYY) | | |
| Can the referee be contacted prior to interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Referee 3

| | | | |
|--|---|------------|--|
| Type of reference | <input type="checkbox"/> Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/> School/College/University/Higher Education <input type="checkbox"/> Personal/character | | |
| Title | | | |
| Surname/Family name | | First name | |
| Relationship | | | |
| Employer name | | | |
| Referee job title | | | |
| Address | | | |
| Post Code | | | |
| Telephone | | Country | |
| Referee email address | | Fax | |
| Period this reference covers | From: (MM/YYYY) To: (MM/YYYY) | | |
| 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 three 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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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 |
|---------------------------|--|

DBS Status

| | |
|-------------------------------|--|
| Do you hold an up to date DBS | <input type="checkbox"/> Enhanced <input type="checkbox"/> Standard |
|-------------------------------|--|

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 | |

| | |
|--|--|
| Where did you see this vacancy advertised? | |
|--|--|



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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.

NHS organisations recognise 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](#), all NHS organisations must 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. 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 organisation look at the profile of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, the organisation can check that it is 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 the 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
- Their race which includes colour, nationality, ethnic or national origin
- Their religion or belief, including a lack of any belief
- Their sexual orientation, be it bisexual, gay, heterosexual and lesbian

| | |
|---------------------------------|---|
| 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 |

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 |



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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?

- ☐ Heterosexual or straight
- ☐ Gay or lesbian
- ☐ Bisexual

- ☐ Other sexual orientation not listed
- ☐ Undecided
- ☐ Not stated (person asked but declined to provide a response)

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

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

Black or Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black background

Mixed

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

White

- ☐ British
- ☐ Irish
- ☐ Any other White background

Other Ethnic Group

- ☐ Chinese
- ☐ Any other ethnic group
- ☐ I do not wish to disclose this

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

- ☐ Atheism
- ☐ Buddhism
- ☐ Christianity
- ☐ Hinduism

- ☐ Islam
- ☐ Jainism
- ☐ Judaism
- ☐ Sikhism

- ☐ Other
- ☐ I do not wish to disclose this

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](#).

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?

- ☐ Yes
- ☐ No
- ☐ I do not wish to disclose this information



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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'.

- ☐ Physical impairment
- ☐ Sensory impairment
- ☐ Mental health condition

- ☐ Learning disability/difficulty
- ☐ Long-standing illness
- ☐ Other

Relationships

If you are related to a partner/director or have a relationship with a partner/director please state the relationship:

Safeguarding

This section of the application form will only be viewed by those who need to see it as part of the recruitment process.

The organisation will treat any information disclosed in the strictest confidence.

Rehabilitation of Offenders Act 1974

The [Rehabilitation of Offenders Act 1974](#) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period 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 equally and fairly based on their skills, experience and ability to fulfil the duties of the role being applied for. Suitable applicants will not be refused positions because of criminal record information of other information declared, where it has no bearing on the role (for which you are applying) and no risks have been identified against the duties you would be expected to perform as part of that role.

During the rehabilitation period you are required to declare current 'unspent' criminal convictions or cautions (including reprimands and final warnings).

You are not legally required to provide any information about criminal offences that have become spent. Certain criminal offences can be regarded as spent after a specified rehabilitation period as outlined by the Rehabilitation of Offenders Act 1974.

Answering 'yes' to the question below will not necessarily bar you from appointment. This will depend on the information you provide and the position you are applying for.



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Do you have any UNSPENT convictions as outlined in the Rehabilitation of Offenders Act 1974?

This includes any unspent convictions that may have been issued in any other country where it would be an equivalent offence in England and Wales.

It also includes all unspent convictions or Summary Hearings that have been issued under military law while serving in the Armed Forces in the UK or any other country where it would be an equivalent offence in England and Wales.

You **are not** required to disclose any information in relation to convictions that have become SPENT. In these circumstances, you should select NO to this question.

☐ Yes ☐ No

If you have answered YES, you now have two options on how to disclose this information.

☐ I want to disclose the information now ☐ I want to disclose the information separately

If you have selected 'I want to disclose the information now', please provide details of the conviction or Summary Hearing including the date and sentence administered in the space below.

If you have selected 'I want to disclose the information separately', you can disclose your record separately together with any statement detailing your unspent conviction or Summary Hearing.

A member of the recruitment team will contact you and advise what steps you need to take to submit your details separately.

Once completed, please forward this application to Juliet Sagar, Managing Partner at Practice.Manager.w96012@wales.nhs.uk alongside your current CV and a cover letter.

*This document template was sourced from NHS Jobs.