**APPLICATION FOR EMPLOYMENT WITH**

**Lincolnshire Local Medical Committee**

|  |  |
| --- | --- |
| Job Title |  |

**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 |  |
| Address |  |
| Postcode/ Zip code |  |
| Country |  |
| Home Telephone |  |
| Mobile Telephone  (only if UK registered) |  |
| Work Telephone |  |
| Preferred telephone number | 🞎 Home 🞎 Mobile 🞎 Work |
| Email Address |  |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? | |
| 🞎 Yes 🞎 No | |
| If you have answered ‘no’ above, you must answer these questions: | |
| Please select the category that relates to your current immigration status. | |
| * Highly Skilled Migrant Programme/Tier 1 🞎 Post Graduate Doctors and Dentists * Indefinite Leave to remain/enter 🞎 Tier 5 Temporary Workers * Work Permit/Tier 2 🞎 Tier 5 Youth Mobility/ working holiday visa * Dependant / Spouse visa 🞎 Refugee * Clinical attachment visa * Tier 4 student 🞎 Other, please specify below * Visitor   ----------------------------------------------------------- | |
| 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? | |
| 🞎 Yes 🞎 No | |

**APPLICATION FOR EMPLOYMENT**

**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 |
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**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 |
|  |  |  |  |
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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.

|  |
| --- |
| Please indicate your UK Professional Registration status |
| 🞎 I do not have the relevant UK professional registration status  🞎 I have current UK professional registration  🞎 UK professional registration required and applied for  🞎 UK professional registration required but not yet applied for  🞎 I am a student  🞎 Not required for this post |

|  |  |  |  |
| --- | --- | --- | --- |
| 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.

|  |  |
| --- | --- |
| 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 |  |
| 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 employer.

**Referee 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal | | | |
| Title |  | | | |
| Surname/Family name |  | First Name | |  |
| Relationship |  | | | |
| Employer Name |  | | | |
| Referee Job Title |  | | | |
| Address |  | | | |
| Postcode/ Zip Code |  | | | |
| Telephone |  | Country |  | |
| Email |  | Fax |  | |

**Referee 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal | | | |
| Title |  | | | |
| Surname/Family name |  | First Name | |  |
| Relationship |  | | | |
| Employer name |  | | | |
| Referee Job Title |  | | | |
| Address |  | | | |
| Post Code/ Zip Code |  | | | |
| Telephone |  | Country |  | |
| Email |  | Fax |  | |

**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 | 🞎 Full Time 🞎 Part Time 🞎 Job Share 🞎Secondment 🞎 Flexible Hours |

**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 |  |

**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.

Our organisation recognises 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), 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 tthe organisation look at the profile 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).

As well as for monitoring, your date of birth will be used for administration purposes including pre employment checks and 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.

|  |  |
| --- | --- |
| \* Please state your date of birth |  |
| \* Please indicate your gender | 🞎 Male  🞎 Female  🞎 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 | |
| 🞎 Married  🞎 Single  🞎 Civil partnership  🞎 Legally separated | 🞎 Divorced  🞎 Widowed  🞎 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.

|  |  |
| --- | --- |
| \* 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) |

**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 | | |
| **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 |

**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 | | |
| 🞎 Atheism  🞎 Buddhism  🞎 Christianity  🞎 Hinduism | 🞎 Islam  🞎 Jainism  🞎 Judaism  🞎 Sikhism | 🞎 Other  🞎 I do not wish to disclose this |

**Equality Act 2010**

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: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

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 |

|  |
| --- |
| 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 🞎 Learning Disability/Difficulty  🞎 Sensory impairment 🞎 Long-standing illness  🞎 Mental health condition 🞎 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? |
| 🞎 Yes 🞎 No |

This section of the application form will only be viewed by those who need to see it as part of the recruitment process. Any information disclosed will be treated strictly confidential.

**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.

During the rehabilitation period you are required to declare current 'unspent' criminal convictions or cautions (including reprimands and final warnings). Please note you are not legally obliged to disclose convictions or cautions which are protected or have become 'spent' under the Exceptions Order.

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 that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?  You should tick **NO** if any convictions are protected (or filtered out); and/or have become SPENT as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013. |
| 🞎 Yes 🞎 No |
| If **YES**, please provide details of the order binding you over and/or the nature of the offence, penalty, sentence or order of the Court, the date and place of the Court hearing.  You are not required to tell us about parking offences.  Please include any additional information or evidence that you believe to be relevant. |
|  |

|  |
| --- |
| Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?  You should tick **NO** if any cautions, reprimands or final warnings are protected (or filtered out); and/or have become SPENT as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013. |
| 🞎 Yes 🞎 No |
| If **YES**, please provide details of the caution, reprimand or final warning, including the date and reason administered.  You are not required to tell us about parking offences.  Please include any additional information or evidence that you believe to be relevant. |
|  |

**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: |
|  |