

## ADDITIONAL INFORMATION

### Data Protection Act 1998

The personal information submitted by you on this application form and in any accompanying documents will be used by Mayday Healthcare NHS Trust and any other person it appoints to assist, for the purpose of appointing to the job applied for and to monitor the effectiveness, efficiency and fairness of the selection process. The information may also be used in internal proceedings to consider a complaint about the selection process and/or to defend Mayday Healthcare NHS Trust against a legal challenge to the fairness of the selection process from any interested party. For these reasons, the information you submit will be kept by the Trusts Human Resources Department for 6 months. If you are successful this information will be kept on file for the duration of your employment. The information supplied by you will also be subject to verification and we may need to contact people and/or organisations to confirm some of the facts contained in your application e.g. referees, previous employers, educational establishments, professional bodies etc.

### Criminal Records Bureau (CRB)

The work for which you are applying involves direct contact with vulnerable groups of people who are receiving a health service. This post is therefore exempt from the Rehabilitation of Offenders Act 1974, and you are required to declare any pending prosecutions and convictions you may have. This will include those that would otherwise be regarded as 'spent' under this act and also any bind-overs.

If the post you are applying for involves access to vulnerable groups the Trust is entitled to check with the CRB for the existence and content of any criminal record of the successful applicant. Information received from the CRB will be kept in strict confidence and will be destroyed 6 months after the selection process has been completed.

The disclosure of a criminal record, or other information, will not debar you from appointment, unless the selection panel considers that the conviction renders you unsuitable for appointment. In making it's decision the Trust will consider the nature of the offence, how long ago the offence was, what age you were when it was committed and any other factors which may be relevant, including appropriate considerations in relation to Trust's published Equal Opportunities policy.

Please note that failure to declare a conviction, caution or bind-over, may disqualify you from appointment or, if you are already employed, result in summary dismissal or other disciplinary action.

If you would like to discuss the effect of any conviction you may have on your application, you may telephone the Human Resources Department, in confidence, for advice.

### Eligibility to work in the UK

Under the terms of the Asylum and Immigration Act 1996 the Trust can only employ people who are entitled to work in the UK. The Trust will need to see a document, which confirms this entitlement. If you currently hold a work permit you must declare this on the application form. A work permit is not transferable between organisations and therefore, if you were successful, Mayday Healthcare NHS Trust would need to apply for a Work Permit before you commence employment. If you are unsure about your eligibility to work in the UK please contact the Home Office for advice.

**Please note: 'Leave To Remain' is paid by the individual.**

Post applied for:	<b>Applicant Reference Number (OFFICE USE ONLY)</b>
Department:	Job Reference Number:

## REHABILITATION OF OFFENDERS ACT 1974

In order to protect the public, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemption Orders 1975). This means that you are not entitled to withhold information relating to **any** convictions you may have had, even those which in other circumstances could be considered as "spent".

You should supply such information on a separate sheet attached to this application form. This information will be treated as confidential and will not necessarily prejudice your application.

**Have you ever been convicted of a criminal offence?**  Yes  No

I consent to a Criminal Records Bureau (CRB) check being carried out, at a level appropriate to the post, and agree to any pre-employment checks that may be required (see additional information for more details).

## RELATIONSHIPS

If you are related to a director(s), or have a relationship with a director(s) or employee(s) of Mayday Healthcare NHS Trust, please state the name(s) and relationship(s):

## ADDITIONAL INFORMATION

Are you a Department of Work and Pensions New Deal candidate?  Yes  No

Are you an NHS professional returning to practise?  Yes  No

Preferred employment type:

Full Time  Part Time  Job Share  Other, please specify \_\_\_\_\_

## REFERENCES

Please give details of two people who have agreed to provide references for you. One of these must be your present / most recent employer. Personal references such as friends and relatives will not be accepted.

Name .....	Name .....
Address .....	Address .....
.....	.....
..... Postcode .....	..... Postcode .....
Tel No. ....	Tel No. ....
Fax No. ....	Fax No. ....
E-mail .....	E-mail .....
Professional Relationship .....	Professional Relationship .....
Can the referee be approached prior to interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can the referee be approached prior to interview? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mayday Healthcare 

NHS Trust

Mayday University Hospital  
530 London Road  
Croydon  
Surrey  
CR7 7YE

## CONFIDENTIAL APPLICATION FORM

Please read all instructions before completing this form. Please use **BLACK INK**. Please complete as fully as possible, paying particular attention to the section entitled supporting statement. If you are attaching any additional sheets with your application make sure that these are clearly labelled with your name, the job you are applying for and the job reference number.

Post applied for:	<b>Applicant Reference Number (OFFICE USE ONLY)</b>
Department:	Job Reference Number:

## PERSONAL DETAILS

Title: Mr/Mrs/Ms/Miss/Rev/Dr	First Names	Surname	
Address for correspondence	Home Telephone Number		
	Mobile Telephone Number		
	Work Telephone Number (if it may be used)		
Post Code			
E-mail address:			
Do you hold a full clean driving license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require a Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a British Passport holder or a European Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, please confirm your current passport status, e.g. Student Visa / Work Permit / Working Holiday / Visa / Dependant / Indefinite Leave / Asylum Seeker etc.			
Please give any dates on which you will not be available for interview, e.g. Holidays			
Number of sick days in last 2 years and how many episodes:			
Please give details of any major illness, disability or accident (including dates):			
Where did you see this vacancy advertised?			
<input type="checkbox"/> Mayday Website	<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> Physio Frontline	<input type="checkbox"/> Nursing Standard
<input type="checkbox"/> NHS Website	<input type="checkbox"/> British Journal	<input type="checkbox"/> IBMS Gazette	<input type="checkbox"/> Other Professional Journal
<input type="checkbox"/> Search Engine	<input type="checkbox"/> Health Service Journal	<input type="checkbox"/> Therapy weekly	<input type="checkbox"/> Job Centre Plus
<input type="checkbox"/> National Newspaper	<input type="checkbox"/> New Scientist	<input type="checkbox"/> Nursing Times	<input type="checkbox"/> Other
<b>DECLARATION</b>			
I declare that the information given on all parts of the application form is correct to the best of my knowledge. I understand that any omission or incorrect statements or canvassing members or officers at Mayday Healthcare will disqualify me or may lead to dismissal.			
I have read and understand the section referring to the Rehabilitation of Offenders Act and the attached statements on CRB disclosures and Data Protection (on reverse of Equal Opportunity Monitoring Form).			
Signature .....	Date: .....		

Post applied for:	<b>Applicant Reference Number (OFFICE USE ONLY)</b>
Department:	Job Reference Number:

### EDUCATION & QUALIFICATIONS

Include in this section all relevant qualifications (e.g. GCSE, A Level, B Tech, Diploma, Degree, Masters). Please also indicate subjects currently being studied. (Please continue on a separate sheet if necessary)

Subject/Qualification	Place of Study	Grade/Result	Year

### TRAINING

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking. (Please continue on a separate sheet if necessary)

Course Title	Training Provider	Duration	Date Completed

### Membership of Professional Bodies

Professional Body	Membership or Registration Type	Membership/Registration/PIN No	Expiry/Renewal Date

### PERSONAL DETAILS

#### PRESENT OR MOST RECENT EMPLOYMENT

Name and Address of Employer	Position held	Dates of Employment		Band/Salary
		From	To	
Brief description of duties and responsibilities:				
What is your reason for leaving?				
Period of notice required:				

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Department:	Job Reference Number:

### PREVIOUS EMPLOYMENT over last 10 years starting with most recent (please explain any gaps)

Employer's name and address	Job Title and Band/Salary	Brief description of duties	Employment Dates & Reason for Leaving

Please continue on a separate sheet if necessary

### SUPPORTING INFORMATION

Please read the job description and person specification carefully and give a concise account of your experience and current responsibilities, along with any other relevant information, for example voluntary experience, training or leisure activities in support of your application. Please continue on a separate sheet if necessary. Please label this sheet with your name, the post you are applying for and job reference number.

## EQUAL OPPORTUNITIES MONITORING FORM

Mayday Healthcare's policy on equal opportunities states that no job applicant will be discriminated against on grounds of age, ethnic origin, religion/beliefs, gender, sexual orientation or marital status, physical or mental disability.

To help monitor the effectiveness of the policy, Mayday Healthcare records information, which will be used solely for monitoring purposes. It will be treated as confidential and will be separated from your application form on receipt, and before consideration of candidates takes place.

If you have any queries regarding this form please contact the Human Resources Department.

THIS INFORMATION WILL IN NO WAY AFFECT YOUR APPLICATION FOR EMPLOYMENT

Post applied for:	<b>Applicant Reference Number (OFFICE USE ONLY)</b>
Department:	Job Reference Number:

Gender: Male  Female

Date of Birth: \_\_\_\_\_

I would describe my origin as follows (These classifications are those recommended by the Commission for Racial Equality):

- |                                                                     |                                                         |
|---------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> White British (A)                          | <input type="checkbox"/> Asian/British Pakistani (J)    |
| <input type="checkbox"/> White Irish (B)                            | <input type="checkbox"/> Asian Bangladeshi (K)          |
| <input type="checkbox"/> Any other White background (C)             | <input type="checkbox"/> Any other Asian background (L) |
| <input type="checkbox"/> Mixed White/Black Caribbean (D)            | <input type="checkbox"/> Black/British Caribbean (M)    |
| <input type="checkbox"/> Mixed White/Black African (E)              | <input type="checkbox"/> Black/British African (N)      |
| <input type="checkbox"/> Mixed White/Asian (F)                      | <input type="checkbox"/> Any other Black background (P) |
| <input type="checkbox"/> Any other Mixed background (G)             | <input type="checkbox"/> Chinese (R)                    |
| <input type="checkbox"/> Asian/British Indian (H)                   | <input type="checkbox"/> Any other ethnic group (S)     |
| <input type="checkbox"/> I do not wish to disclose my ethnic origin |                                                         |

Do you have a sexual orientation towards:

- |                                                      |                                                                          |
|------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Persons of the opposite sex | <input type="checkbox"/> Persons of the same and opposite sex            |
| <input type="checkbox"/> Persons of the same sex     | <input type="checkbox"/> I do not wish to disclose my sexual orientation |

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 my religion |                                   |                                       |                                   |                                |

Do you consider yourself to have a disability?

- Yes     No     I do not wish to disclose whether or not I have a disability

If yes, do you need special arrangements to enable you to attend for interview?     Yes     No

If so please give details \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE