Please ensure you complete the application form in full as we cannot accept CVs. This form will be kept in confidence when completed and returned to us.

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|  | | | | | | | | | | | | | | | | | | **Part A** | |
|  | | | | | | | | | | | | | | | | | | | |
| **Fair treatment statement** | | | | | | | | | | | | | | | | | | | |
| No applicant will be unfairly discriminated against. We are particularly alert to eliminating discrimination on account of age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship.  **Only 'Part C' of this form will be made available to short-listing panels.  Parts A, B and C would then be used by the interviewing panel if you are selected for interview.** | | | | | | | | | | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | Forename: | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Name known by (if different): | | | | |  | | | | | | | | Title: | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | |  | Contact telephone numbers(s) | | | | | | | | | | | |
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|  |  | | | | |  | | Day: | | |  | | | | | | | |  |
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|  |  | | | | |  | | Evening: | | |  | | | | | | | |  |
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| Postcode: | | |  | | |  | | Mobile: | | | |  | | | | | | |  |
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| Email address: | | | |  | | | | | | | | | | | | | | |  |
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| If we need to, the best way for us to contact you is by: | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Work permit** | | | | | | | | | | | | | | | | | | | |
| Do you need a work permit to take up this post? | | | | | | | | | | | | | | **Yes** | | | **No** | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Working in the UK** | | | | | | | | | | | | | |  | | |  | | |
| Are you eligible to work in the UK? | | | | | | | | | | | | | | **Yes** | | | **No** | | |
|  | | | | | | | | | | | | | | | | | | | |
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| Date application received (office use only): | | | | | | | | | | | | | | | | | | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Declarations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NHS Scotland is exempt from the 1974 Rehabilitation Of Offenders Act (Exclusions & Exceptions)(Scotland) Order 2003. This means that **unless stated in the job description, person specification or application pack**, you must tell us about any previous convictions either classed as ‘spent’ or ‘unspent’. If you are offered employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information you give will be considered only in relation to the post for which this application form refers. **Information will be verified by Disclosure Scotland for relevant posts.**  I declare that I have (check relevant box): No previous convictions  Previous convictions – details of which are: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (Please read the following points and check the box at the bottom of the page once you have completed the form)   * I have completed Parts A to D of this application form and the details I have supplied are, to the best of my knowledge, true and complete; * I understand that if appointed to this post the information on this form will be kept as part of my personal file record; * I authorise you to obtain references to support this application if I am identified as a preferred candidate; * I understand that details of educational qualifications, membership of professional bodies and referee reports may be verified through the establishments and individuals I have indicated; * I consent to my details being kept confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998; * I declare that I have no previous convictions, or have identified any I have above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Read, agreed and understood** (check box): | | | | | | | | | | | | | | | | | **Date:** | |  | | | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | **Part C** | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qualifications achieved** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject | | | | | | | Type of Qualification  e.g. Standard Grade, Higher, BSc, S/NVQ | | | | | | | | | | | | | Grade achieved | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
| **Qualifications currently studying or working towards** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject | | | | | | | Type of Qualification  e.g. Standard Grade, Higher, BSc, S/NVQ | | | | | | | | | | | Grade anticipated | | | | | | | Dates anticipated | | | | |
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| **Membership of professional regulatory bodies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name of organisation(s) | | | | | | | Registration number | | | | | | | | | | | Renewal date | | | | | | | | | | | |
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| **Present (or most recent) post** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Job title: | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| Grade: | |  | | | | | | | | Date of starting grade: | | | | | | | | | |  | | | | | | |  | | |
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| Employer: | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| Dates employment started and (if applicable) finished: | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving (if applicable): | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice period: | | | | |  | | | | Current/most recent salary: | | | | | | | | | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Role purpose / summary of responsibilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Continue on a separate sheet if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List your most recent job first then work down page. If a job supports the position applied for, please say more about it in the ‘support of application’ section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Title** | | | | | | **Employer** | | | | | | | | | | **Dates (from)** | | | | | **Dates (to)** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | **Part C** | | | |
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| **Referees** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your referees will include your present (or most recent) employer. Please identify below the person in your organisation (for current NHS Scotland employees this is your direct line manager) who is authorised to confirm your employment and the details given in your application. Please identify a second referee who may have knowledge of your skills, knowledge and abilities and who may offer opinion on your suitability for this post. Youshould **not** use family members or friends. Our pre-employment screening also includes, (only where appropriate), health and fitness for work, criminal records, qualifications and professional registration. **Note that references will only be taken up for preferred candidates following interview.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name: | | | | | | | | | |  | | Name: | | | | | | | | | | | | | | | |  |
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|  | Designation: | | | | | | | | | | |  | | Designation: | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Capacity in which known: | | | | | | | | | | |  | | Capacity in which known: | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | | | | | | | | |  | | Address: | | | | | | | | | | | | | | |  |
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|  | Post code: | | | | | | | | | | |  | | Post code: | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone: | | | | | | | | | | |  | | Telephone: | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Email: | | | | | | | | | | |  | | Email: | | | | | | | | | | | | | | |  |
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| **Disability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Disability Discrimination Act 1995 and Amended Regulations 2005defines disability as follows: “any physical or mental impairment which has a substantial adverse effect on a person’s ability to carry out normal day to day activities”. NHS Scotland is “Positive about disabled people”, and as such we provide job opportunities for disabled people. NHS Scotland operates **a Job Interview Guarantee (JIG),** which means that if you have a disability, **and meet the minimum criteria outlined within the person specification**, you will be guaranteed an interview. However, some disabled people prefer not to take this option, **so** **please tick your preference if you are a disabled candidate**.  Do you want to participate in the guarantee scheme? **Yes**  **No**  Please specify any particular requirements you need if attending for interview  (e.g. Induction Loop, Wheelchair Access, Signer) ………………….……………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Driving Licence (See job description – only complete if driving essential for post)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a driving licence? **Yes**  **No**  If yes, which categories are you entitled to drive? (e.g. - B, BE, CI) ………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | **Part C** | |
|  | | |
| **Statement in support of application** | |
| Please tell us your personal qualities, skills and attributes, experience and any major achievements and show how they match those needed for this job. If necessary please continue on a separate sheet and attach securely to this section**. Do not write your name or address on any separate sheets, if you were given a ‘candidate identification number’ please use it instead.** | |
| **Please tell us where you saw the advertisement for this post?** | |
| Newspaper (which one?)…………………………………………………………………  Professional journal (which one?) ………………………………………………………  Internal vacancy bulletin  SHOW (Scotland’s Health On The Web)  Job Centre Plus  Other (please specify)................................................................................................ | |

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|  | | | | | | | | **Part D** | |
|  | | | | | |  | | | |
| **Equal opportunities monitoring** | | | | | | | | |
| We want to ensure that our job opportunities are open to all. The only way we can ensure there is equal opportunity is to monitor applications we receive, and compare the profile of people who apply with those appointed. Therefore this form asks you for your ethnic origin, gender, disability, religion, sexuality and age. **The information you provide in this part of the form (Part D), is confidential and is not used in the selection process. It will be separated from the rest of the form when we receive it.** | | | | | | | | |
|  | | | | | | | | |
| **1)** **If you are currently an employee of this NHS Board, will getting this job be a promotion?** | | | | | | | | |
|  |  | | | | | | | |
| Yes | No | | | | | | | |
|  | | | | | | | | |
| **2)** **You are:** | | | | | | | | |
|  |  | | | | | | | |
| Female | Male | | | | | | | |
|  | | | | | | | | |
| **3)** **Have you undergone, are you undergoing or do you intend to undergo gender reassignment? For example, this includes having changed your sex (gender).** | | | | | | | | |
|  | |  | |  | | | | |
| Yes | | No | | Prefer not to say | | | | |
|  | | | | | | | | |
| **4)** **What is your age?** | | | | | | | | |
|  | | | | | | | | |
| I am \_\_\_ years old, and my date of birth is: \_ \_ / \_ \_ / \_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |
| **5)** **Do you have a physical or mental health condition or disability that:** | | | | | | | | |
|  | | | | | | | | |
| * has a substantial effect on your ability to carry out day to day activities? * has lasted or is expected to last 12 months or more? | | | | | | | | |
|  | |  | |  | | | | |
| Yes | | No | | Prefer not to say | | | | |
|  | | | | | | | | |
| If you answered ‘**yes**’ please tick if it is either of the following: | | | | | | | | |
|  | | | | | | | | |
| Learning disability  Long standing illness  Mental health condition | | |  | | Physical impairment  Sensory impairment | |  | |
| Other (please describe): | | | | | | | | |
| Again, if ‘**yes**’, please describe any particular arrangements you would need for your work location: | | | | | | | | |

Continued on next page…

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| **6) What is your ethnic group?** | | | | | | | | | | | | | | | | | | | | | |
| Choose **one** section from A to F, then **tick** the appropriate box to indicate your cultural background | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **A: White** | Scottish | | | | | | Irish | | | | | | Other British | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Any other White background | | | | | | | | | | | | | | |  | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| **B: Mixed** | Any mixed background | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **C: Asian; Asian Scottish; Asian British** | | | | | | | | | | | | | | | | | | | | | |
|  | | Pakistani | | | | | Indian | | | | | | Chinese | | | |  | | | | |
|  | |  | | | | | | | | | | | |  | | | | | | | |
|  | | Bangladeshi | | | | | Any other Asian background | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | |  | | | | |  | | | |  |
| **D: Black; Black Scottish; Black British** | | | | | | | | | | | | | | | | | | | | | |
|  | Caribbean | | | | | | African | | | | | |  | | | |  | | | | |
|  | Any other Black background | | | | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| **E: Other ethnic background** | | | | | | | | | | | | | | | | | | | | | |
|  | Any other background | | | | | | | | | | |  | | | | |  | | | |  |
|  | | | |  | | | | | | | |  | | | | |  | | | |  |
| **F: Prefer not to answer** | | | |  | | | | | | | |  | | | | |  | | | |  |
|  | | | |  | | | | | | | |  | | | | |  | | | |  |
| **7) To which religion, religious denomination or body do you actively belong?** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  |
|  | (Christianity) - Church of Scotland | | | | | | | | | | | | | | Hinduism | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  |
|  | (Christianity) - Roman Catholic | | | | | | | | | | | | | | Sikhism | | | | | |  |
|  | |  | | |  | | | | | |  | | | | | | | | | |  |
|  | Christianity (Other) | | | | | | | | | | | | | | Judaism | | | | | |  |
|  | | |  | | | | | |  | | | | | | | | | | | |  |
|  | Other faith / belief | | | | | | | | | | | | | | Islam | | | | | |  |
|  | |  | | | | | |  | | | | | | |  | |  | | | |  |
|  | Buddhism | | | | | | | | | | | | | | No religion (none) | | | | | | |
|  | |  | | | | | |  | | | | | | |  | |  | | | |  |
|  | Prefer not to answer | | | | | | | | | | | | | |  | | | | | | |
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| **8) Which of the following best describes your sexual orientation?** | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | | | |  | | | |  | | | | |
|  | | Bisexual | | | | | | | | | | | | | Gay Man | | | | | | |
|  | |  | | | |  | | | | | | |  | | | | |  | | | |
|  | | Heterosexual | | | | | | | | | | | | | Lesbian/Gay Woman | | | | | | |
|  | |  | | | |  | | | | | | |  | | | | |  | | | |
|  | | Other | | | | | | | | | | | | | Prefer not to answer | | | | | | |
|  | |  | | | |  | | | | | | |  | | | | |  | | | |

Thank you. Please follow the instructions we sent on how and where to send the form.