

**First save this form under another name. To complete this form, point your mouse arrow on to the highlighted portions OR use your tab key to move between the highlighted fields and start typing. You must complete the application form in full as we do not accept CVs.**

PART A	
<b>Application for (Job Title):</b>	<b>Job Reference No:</b>
<b>Location:</b>	<b>Candidate ID No:</b>
<p>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.</p> <p><b>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.</b></p>	
Personal Details	
Surname: _____	Forename: _____
Name known: _____	Title: _____
Address: _____	
_____	
_____	Post Code: _____
Contact Telephone Numbers: _____	Day: _____
Evening: _____	Mobile: _____
E-mail: _____	
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 <input type="checkbox"/> No <input type="checkbox"/>
Working in the UK	
Are you eligible to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Job Reference No:</b>		<b>PART B</b>
<b>Candidate ID No:</b>		
<b>Declarations</b>		
<p><b>Convictions</b>                  NHS Scotland is exempt from the 1974 Rehabilitation of Offenders Act (Exclusions &amp; Exceptions) (Scotland) Order 2003. This means that <b>unless stated in the job description, person specification or application pack</b>, 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. <b>Information will be verified by Disclosure Scotland for relevant posts.</b></p> <p>I declare that I have:      <input type="checkbox"/> (a) No previous convictions</p> <p style="padding-left: 150px;"><input type="checkbox"/> (b) Previous convictions – details of which are:</p> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>		
<p>Please read the following statements. You will be asked to sign a declaration if you are appointed:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• I understand that if appointed to this post the information on this form will be kept as part of my personal file record;</li> <li>• I authorise you to obtain references to support this application if I am identified as a preferred candidate;</li> <li>• 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;</li> <li>• I consent to my details being kept confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998;</li> <li>• I declare that I have no previous convictions, or have identified any I have above.</li> </ul>		
<b>Read, agreed and understood (check box)</b> <input type="checkbox"/>		<b>Date:</b>

		<b>PART C</b>	
Application for (Job Title):		Job Reference No:	
Location:		Candidate ID No:	
<b>Qualifications Achieved</b>			
Subjects	Type of Qualification eg. Standard Grade, GCSE, Higher, BSc	Grade Achieved	
<b>Qualifications Currently Studying or Working Towards</b>			
Subjects	Type of Qualification eg. Standard Grade, GCSE, Higher, BSc	Grade Anticipated	Date Anticipated
<b>Membership of Professional or Regulatory Bodies</b>			
Full name of organisation(s)	Registration Number	Renewal Date	

<b>Job Reference No:</b>		<b>PART C</b>	
<b>Candidate ID No:</b>			
<b>Present (or most recent) Post</b>			
Job Title: _____			
Grade: _____		Date of Starting Grade: _____	
Employer: _____			
Dates of Employment: From: _____		To: _____	
Reason for Leaving (if applicable): _____			
Notice Period: _____		Current Salary: _____	
<b>Role Purpose / Summary of Responsibilities</b>			
<b>Employment History</b>			
Start with your most recent employment first and work down the page. If a job supports the position applied for, please say more about it in your Application Support Statement.			
Job Title	Employer	Date From	Date To

<b>Job Reference No:</b>		<b>PART C</b>
<b>Candidate ID No:</b>		

**Referees**

Your referees will include your present (or most recent) employer. Please identify below the person in your organisation (for current NHS staff 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 closer knowledge of your skills, knowledge and abilities and who may offer opinion on your suitability for this post. **You should not use family members or friends.** Our pre-employment screening also includes, 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 1:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name 2:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Disability**

The Disability Discrimination Act 1995 and Amended Regulations 2005 defines 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 special requirements you require if attending for interview, eg. Induction Loop, Wheelchair Access, Signer \_\_\_\_\_

**Driving Licence (see Job Description - only complete if a driving licence is essential)**

Do you have a driving licence?      Yes       No

If yes, which categories are you entitled to drive, eg. B, BE, C

<b>Job Reference No:</b>		<b>PART C</b>
<b>Candidate ID No:</b>		

**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.

**Where did you see the Advertisement for this Post?**

<input type="checkbox"/>	Newspaper (which one?)
<input type="checkbox"/>	Professional Journal (which one?)
<input type="checkbox"/>	Vacancy Bulletin
<input type="checkbox"/>	SHOW (NHS Scotland Website)
<input type="checkbox"/>	Job Centre Plus
<input type="checkbox"/>	Other (please specify)

<b>Job Reference No:</b>		<b>PART D</b>						
<b>Candidate ID No:</b>								
<b>Equal Opportunities Monitoring</b>								
<p>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. <b>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.</b></p>								
<b>1) If you are currently an employee of this NHS Board, will getting this job be a promotion?</b>								
Yes <input type="checkbox"/> No <input type="checkbox"/>								
<b>2) You are:</b>								
Female <input type="checkbox"/> Male <input type="checkbox"/>								
<b>3) Have you undergone, are you undergoing or do you intend to undergo gender reassignment? For example, this includes having changed your sex (gender)?</b>								
Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>								
<b>4) What is your age?</b>								
I am _____ years old, and my date of birth is:								
<b>5) Do you have a physical or mental health condition or disability that:</b>								
<ul style="list-style-type: none"> <li>▪ has a substantial effect on your ability to carry out day to day activities?</li> <li>▪ has lasted or is expected to last 12 months or more?</li> </ul> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>								
<ul style="list-style-type: none"> <li>▪ If you answered 'yes' please tick if it is either of the following:</li> </ul> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Learning Disability <input type="checkbox"/></td> <td style="width: 50%;">Physical impairment <input type="checkbox"/></td> </tr> <tr> <td>Long standing illness <input type="checkbox"/></td> <td>Sensory impairment <input type="checkbox"/></td> </tr> <tr> <td>Mental health condition <input type="checkbox"/></td> <td></td> </tr> </table> Other (please describe):			Learning Disability <input type="checkbox"/>	Physical impairment <input type="checkbox"/>	Long standing illness <input type="checkbox"/>	Sensory impairment <input type="checkbox"/>	Mental health condition <input type="checkbox"/>	
Learning Disability <input type="checkbox"/>	Physical impairment <input type="checkbox"/>							
Long standing illness <input type="checkbox"/>	Sensory impairment <input type="checkbox"/>							
Mental health condition <input type="checkbox"/>								
<ul style="list-style-type: none"> <li>▪ Again, if <b>yes</b>, please describe any particular arrangements you would need for your work location:</li> </ul>								

(Continued on next page)

<b>Job Reference No:</b>		<b>PART D</b>
<b>Candidate ID No:</b>		

**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?**

- |  |   |
|--|---|
| <input type="checkbox"/> (Christianity) - Church of Scotland | <input type="checkbox"/> Hinduism           |
| <input type="checkbox"/> (Christianity) - Roman Catholic     | <input type="checkbox"/> Sikhism            |
| <input type="checkbox"/> Christianity (other)                | <input type="checkbox"/> Judaism            |
| <input type="checkbox"/> Other faith / belief                | <input type="checkbox"/> Islam              |
| <input type="checkbox"/> Buddhism                            | <input type="checkbox"/> No religion (none) |
| <input type="checkbox"/> Prefer not to answer                |   |

**8) Which of the following best describes your sexual orientation?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Bisexual     | <input type="checkbox"/> Gay Man              |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian/Gay Woman    |
| <input type="checkbox"/> Other        | <input type="checkbox"/> Prefer not to answer |