Our aim is to provide the best quality of life for our patients and their families

**APPLICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POSITION APPLIED FOR: MEDICAL OFFICER** | | | **REF. NO: MO/03/23** | |
| **CLOSING DATE: ONGOING** | | |  | |
| FIRST NAMES IN FULL | SURNAME | TITLE | | PREVIOUS SURNAMES |
| HOME ADDRESS:  POSTCODE: | | DAYTIME TELEPHONE:  MOBILE NO:  EMAIL: | | |
| Are you eligible to work in the UK?    Yes No | | | | |
| DO YOU HOLD A CURRENT DRIVING LICENCE?  Yes No | | DO YOU HAVE ACCESS TO A CAR?  Yes No | | |
| WHERE DID YOU FIND OUT ABOUT THIS POST? | | DO YOU REQUIRE AN INTERPRETER, IF SHORTLISTED FOR INTERVIEW?  Yes No | | |

|  |
| --- |
| You must clearly demonstrate on your application how you meet with essential criteria – failure to do so may result in you not being shortlisted.  **Please return this form to:**  Human Resources Department, Southern Area Hospice Services, St. John’s House, Courtenay Hill, Newry, Co. Down, BT34 2EB or email [hr@southernareahospiceservices.org](mailto:hr@southernareahospiceservices.org) |

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| --- |
| **For official use only** |
| Essential Criteria Desirable Criteria Short-listed Initials |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **QUALIFICATIONS** | **DATE OBTAINED** | SUBJECT | **GRADE** |
|  |  |  |  |

**Professional Membership**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Body** | **Membership No.** | **Expiry Date** | **Examinations yet to be taken** |
|  |  |  |  |

**EMPLOYMENT HISTORY**

### Current Post

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer** |  |  |  |
|  | | **Job Title** |
| **Department** |
| Please list present duties of post demonstrating how they are relevant to the post for which you are applying. | | | |

**Please list your previous posts and work back from there, showing all periods of employment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer** | **Start**  **Date** | **Finish**  **Date** | **Job Title and brief description of duties** |
|  |  |  |  |
|  |  |  | Leaving salary & reason: |
|  |  |  | Leaving salary & reason: |

**Essential Criteria**

In this section, you must clearly demonstrate, how you meet the essential criteria – failure to do so may result in you not being shortlisted.

|  |
| --- |
| GMC Registration |
|  |
| Demonstrate sound clinical & academic ability |
|  |
| Please list current duties of your post, demonstrating how they are relevant to the position you are applying for. |
|  |

**DISCIPLINARY INFORMATION**

Have you been subject to investigation or disciplinary proceedings in either your current job or in any of your previous jobs?

If yes, please provide details below: -

Have you ever been dismissed from any employment?

If yes, please provide details below: -

**REHABILITATION OF OFFENDERS (EXCEPTIONS) ORDER N.I. 1979**

Southern Area Hospice Services adheres to the Recruitment of ex-offenders’ policy and a copy can be made available upon request.

Have you at any time been convicted of a criminal offence, which, yet is not ‘spent’ under the terms of the Rehabilitation of Offenders (NI) Order 1978?

If yes, please give details: -

Is there any reason why you cannot work in regulated activity?

If yes, please give details

**IT SHOULD BE NOTED THAT DISCLOSURE OF A CONVICTION DOES NOT NECESSARILY DEBAR ANY APPLICANT FROM OBTAINING EMPLOYMENT.**

Applicants who are applying for posts under **Regulated Activity** as defined by the **Safeguarding Vulnerable Groups (NI) Order 2007** and **falls within the definition of an ‘excepted’ position** as provided by the **Rehabilitation of Offenders (Exceptions) Order (NI) 1979.** If you are shortlisted for interview you will therefore be asked to provide details of **ALL** convictions including **SPENT** convictions which **MUST** be disclosed and will be subject to verification. Having a conviction will not necessarily debar your application from being considered. For further information on AccessNI Code of Practice please visit [www.nidirect.gov.uk/accessni-code-of-practice](http://www.nidirect.gov.uk/accessni-code-of-practice)

**NOTE:** A CANDIDATE FOUND TO HAVE KNOWLINGLY GIVEN FALSE INFORMATION OR TO HAVE WILFULLY SUPPRESSED ANY MATERIAL FACT, MAY BE LIABLE TO DISQUALIFICATION OR, IF APPOINTED, TO DISMISSAL.

|  |  |
| --- | --- |
| **REFERENCES** | |
| Please give the name, contact details including email address and occupation of two persons in a senior professional/managerial capacity. These should be your two most recent employers where possible. (Relatives should not be named as referees) | |
| **REFERENCE 1** | **REFERENCE 2** |
| NAME: | NAME: |
| OCCUPATION: | OCCUPATION: |
| RELATIONSHIP TO YOU: | RELATIONSHIP TO YOU: |
| ADDRESS: | ADDRESS: |
| POSTCODE: | POSTCODE: |
| TELEPHONE NO: | TELEPHONE NO: |
| EMAIL ADDRESS: | EMAIL ADDRESS: |
| **Please provide an email address for both referees.** | |

|  |
| --- |
| **DATA PROTECTION STATEMENT**  Under the General Data Protection Regulations 25 May 2018 (GDPR), it is important you are aware that when you apply for employment with Southern Area Hospice Services, we will keep your information safe & secure.  The information that you have provide on this form and obtained from other relevant sources will be used to process your application for employment. The personal information provided will be used confidentially. If you are successful in this recruitment process and take up employment with us, then the information will be used in the administration of your employment and to provide you with information about us or third parties. We may also use this information if there is a complaint or legal challenge. We may also use or pass to third parties’ information to prevent or detect crime.  By signing the application form, you are consenting to the processing of personal data in accordance with the Data Protection Act.  Please refer to our privacy statement at <https://www.southernareahospiceservices.org/privacy-policy>.  Please note all information is held safely and securely with restricted access to designated personnel. Personal information will be confidentially destroyed in line with Southern Area Hospice Data Protection Policy if an individual is unsuccessful or leaves the organisation. |

**DECLARATION**

I declare that the information given in this application form is honest and accurate.

I understand that any false or misleading statement or omission on this form may result in disqualification or dismissal if appointed.

**Signed…………………………………. Date……………………………………**

***We are an equal opportunities employer and we welcome applications from all suitably qualified persons. However, people from the Protestant community are currently under-represented in our workforce and, therefore, applications from members of that community are particularly welcomed. All appointments will be made on the basis of merit.***