**Application Form**

As part of the NHS Confederation’s inclusive recruitment process our application forms are anonymised. **Section one** of your form will be shared with the recruiting manager/shortlisting panel. **Sections two, three and four** will be held confidentially by HR.

Please refer to the guidance notes before completing your application.

|  |  |
| --- | --- |
| **Job Reference Number** |  |
| **Job Title** |  |

**Section 1**

In this section we want to learn more about your experience and how you meet the essential criteria for this role so please complete the following 4 questions.

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| **Question 1. Can you please tell us within 200 words, what experience you have that meets the essential criteria for this role?** |
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| **Question 2. Please give examples any challenges you have faced in delivering a project and how you overcame them.** |
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| **Question 3. Can you give us an example of a time when you have had to deal with conflicting deadlines and pressures? How did you prioritise these?** |
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| **Question 4. What is it about this role that you think makes it a good fit for you?** |
|  |

**Personal Statement**

In this section we want to learn about you. Please tell us about your skills, knowledge, values and we would love to hear why you want to join the NHS Confederation and why you are applying for this job. You can include any information you believe to be relevant to your application that has not been covered in the questions above. This can be anything including experience may have been gained through your previous employment, voluntary activities and training etc.

**Section Two**

**\*\*\*The information in Section Two is held confidentially by the HR department and does not form part of the shortlisting process. Your name and phone number will be shared with the recruiting manager if you are invited to interview\*\*\***

|  |  |
| --- | --- |
| Name |  |
| Preferred name |  |
| Pronouns | She/her  He/him  They/their  If you have another preference please state: |
| Telephone number |  |
| Email address |  |
| Current address |  |
| Do you have the right to work in the UK? | Yes No |
| Where did you see the role advertised |  |

**References**

References are required to cover the previous two years and we require a minimum of two referees. Referees need to be someone you have directly reported to and include your most recent employer / place of voluntary work / place of education where possible.

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| --- |
| Please continue on additional sheets if necessary. |
| Name:  Job title:  Relationship to you:  Organisation:  Email:  Period this reference covers:  Can the referee be approached prior to interview? Yes / No  Name:  Job title:  Relationship to you:  Organisation:  Email:  Period this reference covers:  Can the referee be approached prior to interview? Yes / No |

**Section Three**

**\*\*\*The information provided in section three will be held confidentially by HR only\*\*\***

**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.  Please refer to further information about protected and spent convictions and cautions in the ‘Application form Help - criminal background’ section. (<https://www.jobs.nhs.uk/help/appformhelp_4.html>) |
| ¨ 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. |
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| \* 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.  Please refer to further information about protected and spent convictions and cautions in the ‘Application form Help - criminal background’ section. (<https://www.jobs.nhs.uk/help/appformhelp_4.html>) |
| ¨ 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. |
|  |

**When does a conviction become spent?**

|  |  |  |
| --- | --- | --- |
|  | **Buffer period for adults**  **(18 and over at the time of conviction or the time the disposal is administered).**  **This applies from the end date of the sentence (including the licence period).** | **Buffer period for young people (under 18 at the time of conviction or the time the disposal is administered). This applies from the end date of the sentence (including the licence period).** |
| Custodial sentence**\*** of over 4 years, or a public protection sentence | Never spent | Never spent |
| Custodial sentence of over 30 months (2 ½ years) and up to and including 48 months (4 years) | 7 years | 3½ years |
| Custodial sentence of over 6 months and up to and including 30 months (2 ½ years) | 4 years | 2 years |
| Custodial sentence of 6 months or less | 2 years | 18 months |
| Community order or youth rehabilitation order**\*\*** | 1 year | 6 months |

# **Section Four**

**\*\*\*The information provided in section three will be held confidentially by HR only\*\*\***

**Equality and diversity monitoring form**

**The NHS Confederation** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary.

Please return the completed form to [askhr@nhsconfed.org](mailto:askhr@nhsconfed.org) marked ‘confidential’.

**Gender**

Woman  Man  Intersex  Non-binary  Prefer not to say

If you prefer to use your own term, please specify here ………………

**Do you identify as Trans?** Yes  No  Prefer not to say

**Are you married or in a civil partnership?** Yes \* No \* Prefer not to say \*

**Age**

16-24 25-29  30-34  35-39 40-44  45-49

50-54  55-59  60-64  65+  Prefer not to say

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Prefer not to say

Any other Asian background, please write in: …………………………………….

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in: …………………………………….

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say

Any other mixed background, please write in: …………………………………….

***White***

British  Irish  European  Prefer not to say

Any other white background, please write in: …………………………………….

***Other ethnic group***

Arab  Chinese  Gypsy/Traveller  Prefer not to say

Any other ethnic group, please write in: …………………………………….

**Do you consider yourself to have a disability or health condition?**

You are classed as having a disability under the [Equality Act 2010](https://www.gov.uk/definition-of-disability-under-equality-act-2010) if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

Physical impairment  Sensory impairment

Mental health condition  Learning disability/difficulty

Long-standing illness or health condition  No disability  Prefer not to say

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Bisexual  Gay Man  Lesbian/Gay Woman  Heterosexual

Prefer not to say

If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

Non-Religious (eg Atheist or Humanist)  Buddhist  Christian  Hindu

Jewish  Muslim  Sikh  Prefer not to say

If other religion or belief, please write in ……………………………………………….….

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

**What is your flexible working arrangement?**

None  Flexi-time  Term-time hours  Annualised hours

Job-share  Compressed hours  Homeworking/Homebased  Prefer not to say

Other  If other, please write in: ……………………………………………….….

**Do you have caring responsibilities? If yes, please tick all that apply**

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

None  Prefer not to say