

## STANDARD APPLICATION FORM

Please fill in the application form below. Do not type/write using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. If you wish to apply on-line you can do so at Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.

**For Office Use Only**  
Online Reference Number:

## APPLICATION FOR EMPLOYMENT WITH Action for ASD

### APPLICATION FOR EMPLOYMENT

Details entered in this part of the form will be held by the recruiting employer. Access to this information will be withheld from the shortlisting panel. Please do not type/write using only capital letters, as this could lead to your application being automatically rejected. Please use the appropriate mixture of capital and lowercase letters in standard written text.

Job Reference Number	
Job Title	
Department	

### Personal Details

Title	
*Surname/Family Name	
*First Name	
Middle Name	
Name in which you are registered with a professional body (if applicable)	
UK National Insurance No	
Address	
*Postcode	
*Country	

Home Telephone	
Mobile Telephone (only if UK registered)	
<i>Action for ASD can send text messages to UK registered mobile for key activities associated with applications.</i> Check this box if you wish to receive updates by text message?	<input type="checkbox"/>
Work Telephone	
Preferred telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email Address	
*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have answered 'no' above, you must answer these questions:	
Please select the category that relates to your current immigration status. This status will be subject to checking before interview.	
<input type="checkbox"/> Highly Skilled Migrant Programme/Tier 1 <input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Refugee <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Other, please specify below <input type="checkbox"/> Tier 4 student <input type="checkbox"/> Visitor <p style="text-align: right;">-----</p>	
Please supply details of any visa currently held:	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of any Restriction:	
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	




## Membership of Professional Bodies

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

* Please indicate your UK Professional Registration status *
<input type="checkbox"/> I do not have the relevant UK professional registration status <input type="checkbox"/> I have current UK professional registration <input type="checkbox"/> UK professional registration required and applied for <input type="checkbox"/> UK professional registration required but not yet applied for <input type="checkbox"/> I am a student <input type="checkbox"/> Not required for this post

If professional registration is not required then go to **Employment History**.

If you have answered 'I have current UK professional registration relevant for this post' or 'I have current UK professional registration and licence to practise for this post', then please enter the relevant details below.			
Professional Body	Membership or Registration type	Membership/Registration Number	Expiry/Renewal Date

## Employment History

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Months since most recent employment ended (if applicable)	
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### Current/most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

**Previous Employer 1**

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

### Previous Employer 2

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

### Previous Employer 3

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	

Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

**Previous Employer 4**

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			



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**Previous Employer 5**

<b>Employer Name</b>			
<b>Address</b>			
<b>Type of Business</b>		<b>Telephone</b>	
<b>Job Title</b>			
<b>Start Date (MM/YYYY)</b>		<b>End Date (MM/YYYY)</b>	
<b>Grade</b>		<b>Salary</b>	
<b>Reporting to (job title)</b>		<b>Period of notice</b>	
<b>Reason for leaving (if applicable)</b>			
<b>Brief description of your duties and responsibilities</b>			

**Previous Employer 6**

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Grade		Salary	
Reporting to (job title)		Period of notice	
Reason for leaving (if applicable)			
Brief description of your duties and responsibilities			

Please add additional employers/information on a separate sheet.

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## Employment Gaps

If you have any gaps within your employment history, please state the reasons for the gaps below.

## References

Please provide the names and full contact details of the people who have agreed to supply references. References must include at least two positions with separate employers and, as a minimum, cover a period of three years employment and/or training history, where this is possible.

Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your education institution.

If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of standing within your community such as a doctor, solicitor or MP. Where it is genuinely not possible to obtain references from any of the sources outlined above, you must provide contact details of two personal acquaintances who would be willing to give a reference. Personal acquaintances must not be related to you, or have any financial arrangement with you.

Please note that all reference requests will be followed up and verified by the recruiting employer.

Referees may be approached prior to interview, unless you indicate otherwise below.

### Referee 1

* Type of Reference	<input type="checkbox"/> Employer <input type="checkbox"/> Educational <input type="checkbox"/> Personal		
Title			
*Surname/Family name		* First Name	
*Relationship			
Employer Name			
Referee Job Title			
*Address			
*Postcode			
Telephone		*Country	
Email		Fax	
*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Referee 2

* Type of Reference	<input type="checkbox"/> Employer <input type="checkbox"/> Educational <input type="checkbox"/> Personal		
Title			
*Surname/Family name		* First Name	
*Relationship			
Employer name			
Referee Job Title			
*Address			
*Post Code			
Telephone		*Country	
Email		Fax	
*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

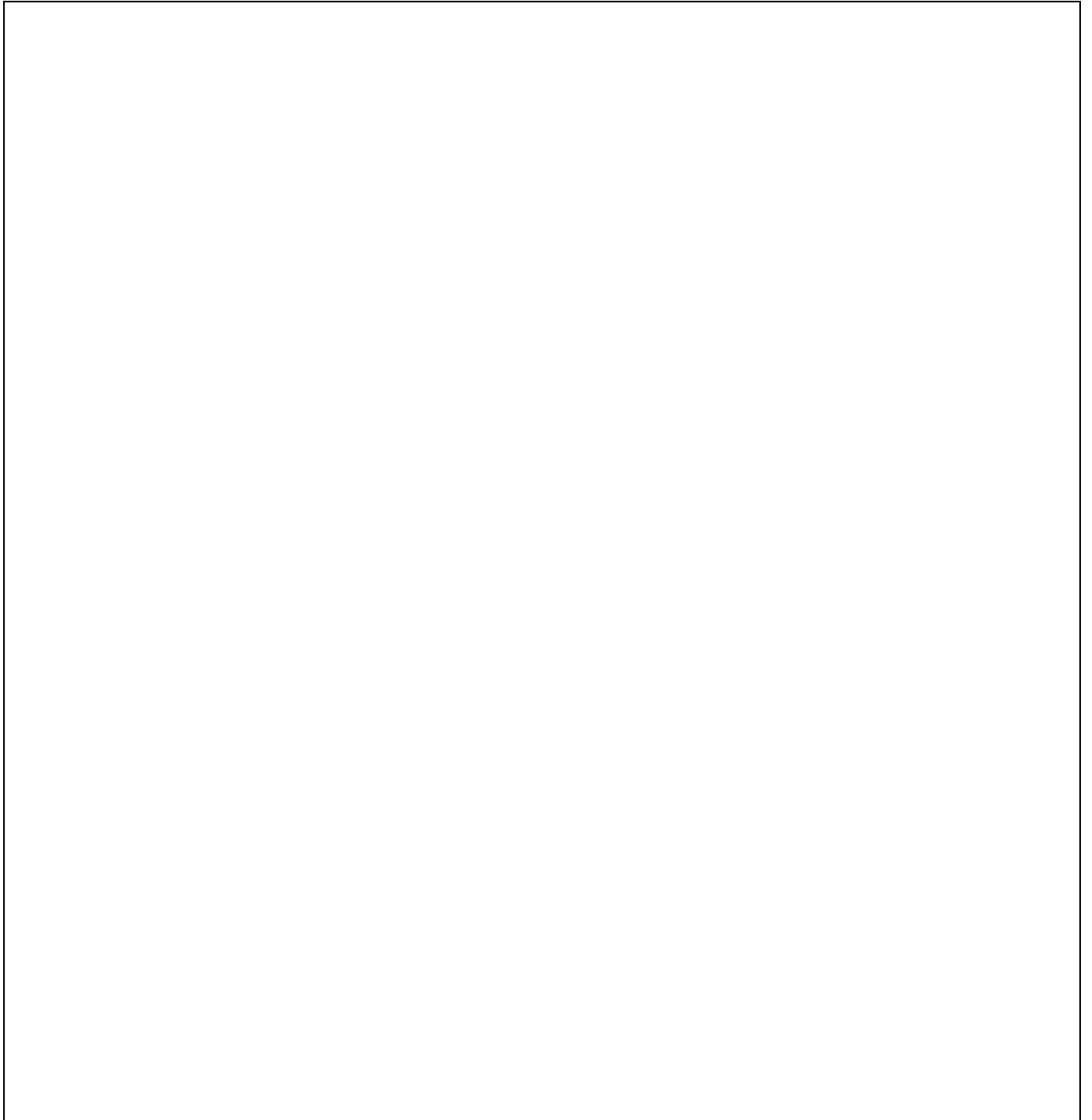
If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Supporting Information

In this section please give your reasons for applying for this post and additional information which demonstrates that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this particular position. This can include relevant skills, knowledge, experience, voluntary activities, training etc.

If relevant to the post for which you are applying, you should include details about research experience, publications or poster presentations, clinical care (knowledge and skills) and clinical audit.

* Supporting information (Please continue on additional sheets if necessary).
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## Additional Personal Information

Preferred Employment Type	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Job Share <input type="checkbox"/> Secondment <input type="checkbox"/> Flexible Hours
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## Declaration

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

I agree to the above declaration			
Signature			
Name		Date	

Where did you see this vacancy advertised?			
<input type="checkbox"/> NHS Website <input type="checkbox"/> Search Engine <input type="checkbox"/> Other Website <input type="checkbox"/> National Newspaper	<input type="checkbox"/> Local Newspaper <input type="checkbox"/> British Medical Journal <input type="checkbox"/> British Dental Journal <input type="checkbox"/> Health Service Journal	<input type="checkbox"/> Doctor <input type="checkbox"/> Therapy Weekly <input type="checkbox"/> Nursing Times <input type="checkbox"/> GP <input type="checkbox"/> Hospital Doctor	<input type="checkbox"/> Nursing Standard <input type="checkbox"/> Other Professional Journal <input type="checkbox"/> Jobcentre Plus <input type="checkbox"/> Radio <input type="checkbox"/> Other

## MONITORING INFORMATION

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is interviewing you.

Action for ASD recognise the benefits of a diverse workforce which reflects the wider population and welcome applications from all sections of the community. Also, under the Equality Act (2010), all organisations must demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. We need to ask applicants some questions to make sure that no one is being unfairly discriminated against or disadvantaged.

The information collected is only used for anonymised monitoring purposes to help the organisation look at the profile of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act (2010).

As well as for monitoring, your date of birth will be used for administration purposes including pre employment checks and creation of your personal record if you are appointed.

### Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

* Please state your date of birth	
* Please indicate your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

### Equality Act 2010

The Equality Act 2010 protects people who are married or in a civil partnership.

* Please indicate the option which best describes your marital status	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil partnership <input type="checkbox"/> Legally separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> I do not wish to disclose this



## Equality Act 2010

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

* Which of the following options best describes how you think of yourself?	
<input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual	<input type="checkbox"/> Other sexual orientation not listed <input type="checkbox"/> Undecided <input type="checkbox"/> Not stated (person asked but declined to provide a response)

## Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

* Please indicate your ethnic origin		
<b>Asian or Asian British</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background  <b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<b>Mixed</b> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background  <b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<b>Other Ethnic Group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group  <input type="checkbox"/> I do not wish to disclose this

## Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

* 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 this

## Equality Act 2010

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities.

Further information regarding the definition of disability can be found here:  
<https://www.gov.uk/definition-of-disability-under-equality-act-2010>

Reasonable adjustments will be made available should you be invited to interview.

* According to the definition of disability do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
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Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'.	
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other
If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

This section of the application form will only be viewed by those who need to see it as part of the recruitment process. Any information disclosed will be treated strictly confidential.

## 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 select **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](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.

\* 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](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.

## Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013

The position you have applied for has been identified as being an 'eligible position' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) **[the Exceptions Order]** and, in certain circumstances, the Police Act 1997. This means that when considering any such appointment, the employing organisation is permitted to request a standard or enhanced disclosure through the Disclosure and Barring Service (known as a DBS check).

Both standard and enhanced DBS disclosures contain information about any convictions, cautions, reprimands and final warnings that are not protected (i.e. filtered) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

Before you complete this form, it will be important for you to read the highlighted note in the section below.

Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

Please note that from 29 May 2013, a number of significant changes were introduced under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 (S.I. 2013/1198) which means that certain spent (old) or minor convictions and cautions are now protected (i.e. filtered) when specific conditions are met.

Any such convictions and cautions will no longer be included in any request for a standard or enhanced DBS check and you are no longer required to declare this information as part of a self-disclosure request or when completing a job application.

If you have a criminal record and are unsure about what might be revealed about you as part of a DBS check, or the type of information you should consider declaring when completing this form, the following links to guidance will help provide more clarity:

The simple guide to filtering (Unlock) at: <http://hub.unlock.org.uk/knowledgebase/filtering-simple-guide/>

Practical guidance on the DBS filtering rules (NACRO) at: [www.nacro.org.uk/resettlement-advice-service/support-for-individuals/](http://www.nacro.org.uk/resettlement-advice-service/support-for-individuals/)

\* Are you currently bound over, or have you ever been convicted of any offence 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) 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](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.

\* Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children?

Yes       No

\* Are you currently bound by any barring decision made by the Disclosure Barring Service

(DBS) from working with adults?

Yes       No

Have you ever received a police caution, reprimand or final warning 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) 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](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.

## Relationships

If you are related to a director, or have a relationship with a director or employee of Action for ASD, please state the relationship: