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|  | | | | | | **PART A** | | | |
| **Application for (Job Title):**  **Temporary Practice Nurse** | | | | | | **Date application received -** | | | |
| **Location: Bennochy Medical Centre, 65 Bennochy Road, Kirkcaldy, Fife, KY2 5RB** | | | | | |  | | | |
| 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: |  | | | |  | |
|  | | |  | | | | | | |
| Known as: | (if different from forename) | | | Title: | | |  | |  |
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| Address: |  | | | | | | | | |
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|  |  | | | Post Code: | | |  | | |
|  | | |  |  | | | | | |
| Contact Telephone Numbers: | | | Day: |  | | | | | |
|  | | |  |  | | | | | |
| Evening: |  | | Mobile: | |  | | | | |
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| E–mail: address (if we may use this): |  | | | | | | | | |
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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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|  | | | |  | | | | **PART B** | | | | | | | | |
| **Application for (Job Title):**  **Temporary Practice Nurse** | | | | | | | | | | | | | | | | |
| **Declarations** | | | | | | | | | | | | | | | | |
| **Convictions**  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:  (a) No previous convictions (sign at bottom of page)  (b) Previous convictions – details of which are: | | | | | | | | | | | | | | | | |
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| Please read the following statements. You will be asked to sign a declaration if you are appointed:   * I have completed Parts A, B C, D and E 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 2018; * I declare that I have no previous convictions, or have identified any I have above. | | | | | | | | | | | | | | | |
| **Signed** | | | | | **Date:** | | | | | | | |  | | | |
|  | | | | | | | | | | **PART C** | | | | | |
| **Application for (Job Title):**  **Temporary Practice Nurse** | | | | | | | | | | |  | | | |
| **Location: Bennochy Medical Centre, 65 Bennochy Road, Kirkcaldy, Fife, KY2 5RB** | | | | | | | | | | |  | | | |
| **Qualifications Achieved** | | | | | | | | | | | | | | |
| Subjects | | | Type of Qualification  eg. Standard Grade, GCSE, Higher, BSc | | | | | | | | | Grade Achieved | | |
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| **Qualifications Currently Studying or Working Towards** | | | | | | | | | | | | | | |
| Subjects | | Type of Qualification  eg. Standard Grade, GCSE, Higher, BSc | | | | | Grade Anticipated | | | | | | Date Anticipated | |
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| **Membership of Professional or Regulatory Bodies** | | | | | | | | | | | | | | |
| Full name of organisation(s) | | | | Registration Number | | | | Renewal Date | | | | | | |
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| **Details of Any Languages Currently Spoken (plus level)** | | | | | | | | | | | | | | |
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|  | | |  | | | | | | | | | **PART C** | | |
| **Application for (Job Title**  **Temporary Practice Nurse** | | | | | | | | | | | | | | |
| **Present (or most recent) Post** | | | | | | | | | | | | | | |
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| Job Title: |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Date of Starting Grade: | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Employer: |  | | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | |
| Dates of Employment: | | | | | | From: |  | | To: |  | | | | |
|  | | | | | | | | | | | | | | |
| Reason for Leaving | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Current Salary: | |  | | | | | Hourly Rate: | | | | | |  | |
| Notice Period: | |  | | | | | Total Hours Worked Per Week: | | | | | |  | |
|  | |  | | | | |  | | | | | |  | |
| **Role Purpose / Summary of Responsibilities** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Employment History** | | | | | | | | | | | | | | |
| 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 “statement in support of application” – see page 6. | | | | | | | | | | | | | | |
| **Job Title** | | | | | **Employer** | | | **Date From** | | | **Date To** | | | **Reason For Leaving** |
|  | | | | |  | | |  | | |  | | |  |

| **Employment History, cont.** | | | | |
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|  | | | | |
| **Job Title** | **Employer** | **Date From** | **Date To** | **Reason For Leaving** |
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| **Application for (Job Title):**  **Temporary Practice Nurse** | | | | | | | | | | | | | | | | | |
| **Referees** | | | | | | | | | | | | | | | | | |
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| Your referees will include your present (or most recent) employer. Please identify below the person in your organisation (normally 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.** | | | | | | | | | | | | | | | | | |
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| **Name 1:** | | |  | | | | | Designation: | | | | | |  | | | |
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| Address: | | |  | | | | | | | | | | | | | | |
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| Telephone: | | |  | | | Email: | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Name 2:** | |  | | | | | Designation: | | | | | |  | | | | |
|  | |  | | | | |  | | | | | |  | | | | |
| Address: | |  | | | | | | | | | | | | | | | |
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| Telephone: | |  | | | Email: | | | | |  | | | | | | | |
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| **Interview Arrangements** | | | | | | | | | | | | | | | | | |
| Please specify any particular requirements you need if attending for interview – | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | |

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| **Application for (Job Title):**  **Temporary Practice Nurse** | PART C |
| **Statement in Support of Application –** | |
| **Please tell us about the skills and experience that you have the matches our job advert:**  **Any further comments in support of your application:** | |

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|  | | | | |  | | **PART D** | |
| **Application for (Job Title):**  **Temporary Practice Nurse** | | | | | | | | |
| **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.** | | | | | | | | |
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| **1)** **You are:** | | | | | | | | |
|  |  | | | | | | | |
| Female  Male  In Another Way  Prefer not to say  If you describe your gender with another term, please provide this here | | | | | | | | |
|  | | | | | | | | |
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| **2)** **What is your age?** | | | |  | | | | |
|  | | | | | | | | |
| I am       years old, and my date of birth is: | | | | | | | | |
|  | | | | | | | | |
| **3)** **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, AND * has lasted or is expected to last 12 months or more? | | | | | | | | |
|  | |  | |  | | | | |
| Yes | | No | | Prefer not to say  I am in general good health | | | | |
|  | | | | | | | | |
| * 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): | | | | | | | | |
| * If **yes**, please describe any particular arrangements you would need for your work location: | | | | | | | | |

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|  | | | | | |  | | | | | | | | | | | **PART D** | | | | |
| **Application for (Job Title):**  **Temporary Practice Nurse** | | | | | | | | | | | | | | | | | | | | | |
| **4) What is your ethnic group?** | | | | | | | | | | | | | | | | | | | | | |
| Choose **one** section from A to F, then **tick** the appropriate box to indicate your cultural background | | | | | | | | | | | | | | | | | | | | | |
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| **A: White** | Scottish | | | | | | | Irish | | | | | Other British | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Any other White background | | | | | | | | | | | | | | |  | | | |  |  |
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| **B: Mixed** | Any mixed background | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | |  | | | | | |  | | |  |
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| **F: Prefer not to answer** | | | |  | | | | | | | |  | | | | | |  | | |  |
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| **5) To which religion, religious denomination or body do you actively belong?** | | | | | | | | | | | | | | | | | | | | | |
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|  | (Christianity) - Church of Scotland | | | | | | | | | | | | | | Hinduism | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  |
|  | (Christianity) - Roman Catholic | | | | | | | | | | | | | | Sikhism | | | | | |  |
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|  | Christianity (other) | | | | | | | | | | | | | | Judaism | | | | | |  |
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|  | Other faith / belief | | | | | | | | | | | | | | Islam | | | | | |  |
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|  | Buddhism | | | | | | | | | | | | | | No religion (none) | | | | | | |
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|  | Prefer not to answer | | | | | | | | | | | | | |  | | | | | | |
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|  |  | **PART E** |
| **Application for (Job Title):**  **Temporary Practice Nurse** | | |
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| With reference to the document - Job Applicant Privacy Notice - that was provided in the job application pack (please put a cross in this box  to indicate you have read and understood the privacy notice).  After reading the privacy noticed, please tick one of the following boxes:  If I am unsuccessful, I agree to you holding my personal data on file for 12 months after the closing date so that I can be considered for any future employment opportunities. I am aware that I can withdraw this consent at any time, and I will notify the practice of this.  Or  If I am unsuccessful, I agree to you holding my personal data on file for 6 months after the closing date so that I can be considered for any future employment opportunities. I am aware that I can withdraw this consent at any time, and I will notify the practice of this.  **Finally, please put a cross in the following boxes to indicate that you have undertaken further research on some of the logistics of this post**.  I have reviewed the location of Bennochy Medical Centre, in relation to my home address. I understand the cost for me to travel there, and if I don’t drive I have reviewed my public transport options.  I am aware that this is a 20-30 hour temporary post, and that this is likely to be the maximum number of hours that I will work each week. | | |

**Please email this completed application form to:** [fife.bennochyrecruitment@nhs.scot](mailto:fife.bennochyrecruitment@nhs.scot) **with the following in the subject: ‘In Confidence – Practice Nurse Application Form’**