

## NHS STANDARD APPLICATION FORM

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

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.

### APPLICATION FOR EMPLOYMENT WITH

### ROYAL NATIONAL ORTHOPAEDIC HOSPITAL

### 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/ Zip code                                                       |                                                                                             |
| *Country                                                                  |                                                                                             |
| Home Telephone                                                            |                                                                                             |
| Mobile Telephone (only if UK registered)                                  |                                                                                             |
| 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<br><input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Tier 5 Temporary Workers<br><input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa<br><input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Refugee<br><input type="checkbox"/> Clinical attachment visa<br><input type="checkbox"/> Tier 4 student <input type="checkbox"/> Other, please specify below<br><input type="checkbox"/> Visitor<br><p style="text-align: right;">-----</p> |  |                                                          |
| Please supply details of any visa currently held:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                          |
| Visa No:<br>Start Date: (DD/MM/YY)<br>Expiry Date: (DD/MM/YY)<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                          |
| Are you an NHS professional returning to practice?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <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 |
|                                                                                                                                                                                                                                 |                                 |                                |                     |
|                                                                                                                                                                                                                                 |                                 |                                |                     |

If you are applying for a post that requires professional registration you are required to provide the following information:

|                                                                                                                                                                                                     |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?                                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| If applicable, please provide details of any investigations or proceedings you may be subject to.                                                                                                   |                                                             |
|                                                                                                                                                                                                     |                                                             |
| Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| If applicable, please provide details of any conditions you may have.                                                                                                                               |                                                             |

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## 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.

|                                                           |  |
|-----------------------------------------------------------|--|
| Start of continuous NHS service (If applicable) (MM/YYYY) |  |
| Months since most recent employment ended (if applicable) |  |

### 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 |  |                    |  |
|                                                       |  |                    |  |

**Previous Employer 5**



|                                                       |  |                    |  |
|-------------------------------------------------------|--|--------------------|--|
| 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 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) |  |                    |  |
|                                    |  |                    |  |

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|                                                       |
|-------------------------------------------------------|
|                                                       |
| Brief description of your duties and responsibilities |
|                                                       |

Please add additional employers/information on a separate sheet.

### **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, one being from your current or most recent employer, 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/ Zip Code                               |                                                                                                          |              |  |
| 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/ Zip 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).

## 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<br><input type="checkbox"/> Flexible Hours |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 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<br><input type="checkbox"/> Search Engine<br><input type="checkbox"/> Other Website<br><input type="checkbox"/> National Newspaper | <input type="checkbox"/> Local Newspaper<br><input type="checkbox"/> British Medical Journal<br><input type="checkbox"/> British Dental Journal<br><input type="checkbox"/> Health Service Journal | <input type="checkbox"/> Doctor<br><input type="checkbox"/> Therapy Weekly<br><input type="checkbox"/> Nursing Times<br><input type="checkbox"/> GP<br><input type="checkbox"/> Hospital Doctor | <input type="checkbox"/> Nursing Standard<br><input type="checkbox"/> Other Professional Journal<br><input type="checkbox"/> Jobcentre Plus<br><input type="checkbox"/> Radio<br><input type="checkbox"/> Other |

## MONITORING INFORMATION

NHS organisations recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, all NHS organisations are required to 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. Therefore a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.

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. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up 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.

### 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<br><input type="checkbox"/> Female<br><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<br><input type="checkbox"/> Single<br><input type="checkbox"/> Civil partnership<br><input type="checkbox"/> Legally separated | <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed<br><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.

|                                                                                                       |                                                                                                  |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| * Please indicate the option which best describes your sexual orientation                             |                                                                                                  |
| <input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay<br><input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual<br><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 race which includes colour, nationality, ethnic or national origin.

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

## Equality Act 2010

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

|                                                                                                                                                                                                                              |                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <p>* Do you consider yourself to have a disability?</p>                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> I do not wish to disclose this information             |
| <p>Please state the type of impairment which applies to you. 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'.</p> |                                                                                                                                             |
| <input type="checkbox"/> Physical impairment<br><input type="checkbox"/> Sensory impairment<br><input type="checkbox"/> Mental health condition                                                                              | <input type="checkbox"/> Learning Disability/Difficulty<br><input type="checkbox"/> Long-standing illness<br><input type="checkbox"/> Other |
| <p>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?</p>                                               |                                                                                                                                             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                     |                                                                                                                                             |



## 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.

You are required to declare all current 'unspent' criminal convictions or cautions (including reprimands and final warnings). You are not required to disclose convictions or cautions which have become 'spent'.

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 or cautions (including reprimands or warnings) that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                    |
| If Yes, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. You do not need to tell us about parking offences. |
|                                                                                                                                                                                                                                             |

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

The position you are applying for has been identified as being an 'eligible position' under the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* [the Exceptions Order] and, in certain circumstances, the Police Act 1997. As such, it meets the eligibility criteria for a standard or an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).

Both standard and enhanced DBS disclosure certificates contain information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the *Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended)*. Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

Please be aware that the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013* (S.I. 2013/1198) made amendment to the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* to provide that certain spent convictions and cautions will become protected when specific conditions are met. Protected convictions and cautions will not be disclosed in a DBS check, and employers cannot ask for information about protected convictions or cautions, or take these into account when considering you for appointment.

Before you complete the question(s) below please read guidance and criteria for the filtering of these convictions and cautions which can be found on the Disclosure and Barring Service website at: [www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

Where the position has, in addition, been identified as a regulated activity under the *Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedoms Act 2012)* an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

*Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - see notes above. You also are not required to tell us about parking offences.*

|                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a Court or Court-Martial in the United Kingdom or in any other country? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                            |
| If YES, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.                                                                                            |
|                                                                                                                                                                                                                                                                                     |
| * Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children?                                                                                                                                                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                            |
| * Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults?                                                                                                                                                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                            |

## Relationships

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| If you are related to a director, or have a relationship with a director or employee of an |
|--------------------------------------------------------------------------------------------|

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appointing organisation, please state the relationship:

|  |
|--|
|  |
|--|