Liverpool Women's Hospital



In partnership with Aintree Centre for Women's Health **NHS Trust**

Please complete all sections of this form in full and in typewriting or black ink. Ensure that you sign the declaration on Page 4. Return to: Human Resources Department, Liverpool Women's Hospital, Crown Street, Liverpool L8 7SS DO NOT PROVIDE A C.V. AS IT WILL NOT BE CONSIDERED

Application for the post(s)of:								
irectorate/Depa	artment:				Closir	ng Date:		
ERSONAL DI	ETAILS							
SURNAME (B	lock Capitals):		HOME A	ADDRESS:				
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				Mobile:				
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Professional Registration Body (eg. UKCC)	Registration / Pi	in Number:	Expiry / Renewal Date:
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	Type of Registra (please delete)	ation. Full/1	emporary
PRESENT STUDY			
Qualifications Currently Studying	Levels, Parts	Exam Dates	Place of Study
		9	

ADDITIONAL INFORMATION You are invited in this section to give any additional information you feel is relevant to your application. Describe how your skills, qualifications & experiences meet the requirements of the Person Specification. Include your reasons for applying and why you think you should be appointed. You may want to include reference to hobbies / interests. Continue on a separate sheet if necessary, or if you wish to attach further relevant information in support of this application, but please do not attach a C.V.. REFERENCES All appointments are subject to receipt of satisfactory references. Please give the names and addresses of two people who can provide comment on your ability to do the job on offer and have agreed to act as referees. One of the referees must be a Line Manager / Supervisor with direct knowledge of you from your current or most recent place of employment. Relatives must not be nominated to act as referees. If you are unable to satisfy these requirements please contact the HR Department. 1. Name: 2. Name: Designation / Title: Designation / Title: Address: Address: Tel. No: Tel. No: E-mail Address: E-mail Address: Please tick here if you do not wish your referees to be approached unless you are offered a post provisionally REHABILITATION OF OFFENDERS A) REHABILITATION OF OFFENDERS ACT 1974 Have you any criminal convictions, bind over orders or cautions which are not yet 'spent' under the Act? YES/NO Are you currently the subject of any criminal proceedings, still pending, which might lead to a conviction? YES/NO B) REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 This post carries an exemption from the Rehabilitation of Offenders Act 1974. You are, therefore, required to provide details of all previous criminal convictions. Criminal convictions will be taken into account for recruitment purposes only where the conviction is relevant to the post applied for. Failure to declare any conviction (whether 'spent' under the Rehabilitation of Offenders Act 1974 or not) could lead to the withdrawal of an offer of appointment or constitute grounds for disciplinary action or dismissal. You may be required to complete an application for Disclosure from the Criminal Records Bureau (CRB) prior to a formal offer of appointment being made. Have you ever had any criminal convictions, bind over orders or cautions? YES/NO You will be required to give details of criminal convictions if you are shortlisted for interview.

YOUR HEALTH:			EMPORMATION	ADDITIONAL.
Whether you have been in employme	ent or not, on how many	days over the past 2 yes	ars have you been unfit to wo	ork, and on how
many occasions ?:-	you said why you think you	inge you reasons for appl	this of the reason appendication. In	nettamento sua resur
Number of Days:-	27/923 (2010)	Number of Occasions	CI-	
Please give details of any serious illnes	ss you suffer from, or hav	e suffered from, which	could affect your capacity to	work:-
The Trust reserves the right to verify the absatisfactory medical examination				
Are there any other circumstances who Trust welcomes applications from pec	ich could prevent you fu ople who have a disabili	Ifilling the duties of the ty and any information	ne post for which you wish to n provided in this section wi	o apply? (The ill be treated as
confidential).				
How did you become aware of this vac	cancy (eg.: "Opportunitie	s", Local Press, Trust V	Vebsite, Job Centre, Profession	onal Journal)
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DECLARATION:				
I declare that the information contai	ned in this form is true	and complete. I unde	rstand that if it is subseque	ntly discovered
that any statement is false or misle that canvassing will disqualify and	ading, the Trust has the	subject to satisfactor	v medical examination, ref	erences and, if
applicable, Criminal Records Bureau		subject to suitstuctor	n southillates to this on at bandar a	managaran IA
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Signature of Applicant:-		Date:-		
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SHORTLISTING/INTERVIEW ASS	ESSMENT (for official	use only).		
	Designation / Enter-		10011	Lighted
The reasons detailed for an unsuccessful candidal Specification / Standard of Competition. To star reasons at shortlisting might be, eg. "Candidated adequate, well specified and job related Person Person Specification. Acceptable reasons for re-	ate "Not suitable" does not pro- te lacked the necessary qualifi Specification. Any checklist of	vide a sufficient enough expl ications, or required experie or reasons for accepting or re	lanation of why the candidate was re ence". For interview, reference sho ejecting candidates should therefore	ejected. Acceptable ould be made to an be based on such a
such a factor was a specified requirement.	jection might then state, e.g.	Candidate did not demonstra	tte a proven ability to haise effectiv	cry, assuming that
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Signature of Manager:-		Designation:-		

ALL APPLICATION FORMS WILL BE KEPT BY THE HUMAN RESOURCES DEPARTMENT FOR AT LEAST SIX MONTHS FOLLOWING THE DATE OF INTERVIEW

STRICTLY CONFIDENTIAL

FOR MONITORING PURPOSES ONLY

The Trust is committed to an ongoing programme of action to make it's Equal Opportunities policy effective. To ensure the policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the information below:-

	POST REF. No:					
	NAME (Block Capitals):					
1.	1. Choose ONE SECTION ONLY from I) to V), then indicate your ethnic background by ticking the appropriate box.					
I)	WHITE	A. British B. Irish	C. Any other White background identify			
II)	MIXED	D. White & Black Caribbean F. White & Asian	E. White & Black African G. Any other Mixed background identify			
III)	ASIAN or ASIAN BRITISH	H. Indian K. Bangladeshi	J. Pakistani L. Any other Asian background identify			
IV)	BLACK or BLACK BRITISH	M. Caribbean N. African	P. Any other Black background identify			
V)	CHINESE or OTHER ETHNIC GROUP	R. Chinese	S. Other Ethnic Group identify			
2.	Country of Birth:					
3.	Nationality:					
4.	Title (delete): DR / MR / MRS / MISS / MS / Other (please indicate)					
 5. Do you consider yourself disabled as defined by the Disability Discrimination Act? * YES / NO * "A physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities". If yes, please describe the nature of your disability overleaf. 						
6.	Date of Birth:					
7.	Do you require a Work Permit?YES / NO					
Q	Gender (delete) Male / Female					

TO BE DETACHED AND RETAINED IN THE HR DEPARTMENT



