

Trainer Application Form

Part 4. Human Resources Unit Documentation.

4a Equal Opportunities Monitoring Form

We are committed to eliminating discrimination from employment and selection practices and aim to ensure that employees are recruited and promoted on the basis of ability, the requirements of the job and the need to maintain an efficient and effective service. To monitor this policy on a local and national basis, we require the following information from candidates. Apart from section 4 (disability) the information given will form no part in the selection process, and will be treated in strict confidence. This sheet will be detached from your Application Form, and will be kept separately in the Human Resources Unit.

Surname

First Names

Date of Birth

Date Forms Completed

- 1 Ethnic Origin: (Based on classifications recommended by the Commission for Racial Equality)
I would describe my ethnic origin as: Please tick appropriate box

White

A. British ☐

B. Irish ☐

C. Any other White background ☐

Mixed

D. White and Black Caribbean ☐

E. White and Black African ☐

F. White and Asian ☐

G. Any other Mixed background ☐

Asian or Asian British

H. Indian ☐

J. Pakistani ☐

K. Bangladeshi ☐

L. Any other Asian background ☐

Black or Black British

M. Caribbean ☐

N. African ☐

P. Any other Black background ☐

Other Ethnic Groups

R. Chinese ☐

S. Any other Ethnic Group ☐

- 2 Sex

Male ☐

Female ☐

- 3 Marital Status

Single ☐

Married ☐

Equivalent ☐

- 4 **Disability:** Health Education East of England welcomes applications from disabled people. The following questions seek information about disability in order to determine whether adjustments ought to be made to the selection process or to the job to accommodate this.

Do you consider yourself disabled?

Yes ☐ No ☐

If yes, please give details of your disability

Are there any ways in which you consider our recruitment and selection process requires adjustment to accommodate your disability?

Yes ☐ No ☐

If yes, please give details.

Are there any ways in which you consider the requirements of the job description or the training programme require adjustment to accommodate your disability?

Yes ☐ No ☐

If yes, please give details.

- 5 Age

Under 30 ☐

30-39 ☐

40-49 ☐

50-59 ☐

60-69 ☐

- 6 **Religion** This section is optional. If you choose to complete it please tick the appropriate box.

Christian ☐

Buddhist ☐

Hindu ☐

Jewish ☐

Muslim ☐

Sikh ☐

Any other religion ☐

No religion ☐

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4b Declaration Form

All applicants must read and complete this as part of your application.

Before you can be considered for appointment in a position of trust in health Education East of England we need to be satisfied about your character and suitability.

Please read the following notes carefully before completing this Declaration Form. If you require further information, please contact the named Recruitment Specialist. All enquiries will be treated in confidence.

Health Education East of England aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation, age or offending history. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe has a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event, you remain free to discuss any of that information or any other matter that you wish to raise. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

The Data Protection Act 1998 requires us to provide you with certain information and to obtain your consent before processing sensitive data about you. Processing includes: obtaining, recording, holding, disclosing, destruction and retaining information. Sensitive personal data includes any of the following information: criminal offences, criminal convictions, criminal proceedings, disposal or sentence.

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998, and will only be used for the purpose of determining your application for this position. Once a decision has been made concerning your appointment, we will not retain this Declaration Form longer than is necessary.

This Declaration Form will be kept securely and in confidence, and access to it will be restricted to designated persons within Health Education East of England and other persons who need to see it as part of the selection process and who are authorised to do so in NHS employer organisations.

Please ensure that you read the "Notes for Completion" that accompanied your application form carefully before completing this Declaration Form. They provide you with further and more detailed information concerning how your application will be processed, and include details of purposes for which information about you will be processed, the persons to whom it will be disclosed, and the checks that will be undertaken to verify the information provided before you are offered a position if your application is successful.

Please will you answer **all** of the following questions. If you answer "Yes" to any of the questions, please provide full details in the space indicated. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

The position for which you have applied is exempted from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal convictions, including those that would otherwise be considered "spent".

(With the exception of question 8*) answering "Yes" to any of the questions below will not necessarily bar you from appointment. This will depend on the nature of the position for which you are applying and the particular circumstances.

1. 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?

Note: You do not need to tell us about parking offences. **BUT MUST TELL US ABOUT ALL MOTORING OFFENCES, INCLUDING SPEEDING.**

NO

YES

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. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

You must comply with the above, or your application will not be forwarded to the shortlisting committee

2. Have you ever received a police caution, reprimand or final warning?

NO

YES

If YES, please include details of the caution, reprimand or final warning, including the date and reason administered.

3. Have you ever been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

Please note: you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. You do not need to tell us if you are charged with a parking offence.

NO

YES

If YES, please include details of the nature of the offence with which you are charged, date in which you were charged, and details of any on-going proceedings by a Court.

4. Are you aware of any current police investigations in the United Kingdom or in any other country following allegations made against you?

NO

YES

If YES, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the police.

5. Have you ever been dismissed by reason of misconduct from any employment, office or other position previously held by you?

NO

YES

If YES, please include details of the employment, office or position held, the date that you were dismissed, and the nature of the allegations of misconduct made.

6. Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations following fitness to practice proceedings by a regulatory or licensing body in the United Kingdom or in any other country?

NO

YES

If YES, please include details of the nature of the disqualification, limitation or restriction, the date and the name and address of the licensing or regulatory body.

7. Are you currently the subject of any investigation or fitness to practice proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

NO

YES

If YES, please include details of the reason given for the investigation and/or proceedings undertaken, the date of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory authority.

- *8. Are you subject to any other prohibition, limitation or restriction that means we are unable to consider you for the position for which you are applying?

NO

YES

If YES, please include details of the nature of the prohibition, restriction or limitation, when and by whom it was made.

If you have answered “YES” to **any** of the questions above, please use this space to provide details. Please indicate **clearly** the number(s) of the question that you are answering:

DECLARATION

I have read the “Notes for Completion” that accompanied my application form, and I consent to the information provided in this Declaration Form being used by Health Education East of England for the purpose of assessing my application.

I confirm that the information that I have provided in this Declaration Form is correct and complete. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected, or if I am appointed, in my dismissal.

Please sign and date this form.

SIGNATURE.....

NAME (in block capitals).....

DATE.....

Note: If you wish to withdraw your consent at any time after completing this Declaration Form, please contact the named Recruitment Specialist.