

**HEALTH EDUCATION ENGLAND - EAST OF ENGLAND**

**GENERAL PRACTICE TRAINING**

**APPLICATION FORM FOR GP ACF (Local)**

**PART ONE**

<b>APPLICATION DETAILS:</b>	
Current Training Programme (ST2/3):	
Training Programme from August 2018:	
Current Level of Training:	
Academic Training Programme being applied for: Cambridge	

<b>GENERAL MEDICAL COUNCIL REGISTRATION:</b>
GMC No:

<b>PERSONAL DETAILS:</b>	
Forename:	Surname:
Home Address:	Address for correspondence:
Home Telephone:	Work Telephone:
Mobile Telephone:	
Email address:	

**EQUALITY DIVERSITY MONITORING INFORMATION**

We are committed to eliminating unlawful discrimination from employment and selection practices. The information you give here will only be used for monitoring purposes and will NOT be made available to shortlisting or interview panels.

Age: <input type="text"/>		Date of Birth: <input type="text"/>	
<b>GENDER</b>			
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	I do not wish to disclose: <input type="checkbox"/>	
Do you live and work in a gender other than that assigned at birth?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>RACE RELATIONS (Amendment) ACT 2000</b>		
Please select the option which best describes your ethnic origin:		
Asian or Asian British:	Mixed:	White:
Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>	British <input type="checkbox"/>
Indian <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Any other white background <input type="checkbox"/>
Any other Asian background <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>	
Black or Black British:	Other Ethnic Group:	
African <input type="checkbox"/>	Chinese <input type="checkbox"/>	
Caribbean <input type="checkbox"/>	Other: please specify <input type="text"/>	
Any other Black background <input type="checkbox"/>	I do not want to disclose my Ethnic Group <input type="checkbox"/>	

<b>EMPLOYMENT EQUALITY REGULATIONS 2003</b>			
Please select the option which best describes your sexuality:			
Gay Man <input type="checkbox"/>	Lesbian/Gay Woman <input type="checkbox"/>	Heterosexual/Straight <input type="checkbox"/>	Bisexual <input type="checkbox"/>
I do not wish to disclose my sexual orientation <input type="checkbox"/>			
Please indicate your religious belief:			
Atheism <input type="checkbox"/>	Buddhism <input type="checkbox"/>	Christianity <input type="checkbox"/>	Islam <input type="checkbox"/>
Jainism <input type="checkbox"/>	Judaism <input type="checkbox"/>	Sikhism <input type="checkbox"/>	Hinduism <input type="checkbox"/>
Other <input type="checkbox"/>	I do not wish to disclose <input type="checkbox"/>		

**DISABILITY DISCRIMINATION ACT 1995**

Do you consider yourself to have a disability?

Yes       No       I do not wish to disclose this information

If YES, please state the type of impairment which applies to you. You may indicate more than one.

Physical Impairment       Learning Disability/Difficulty

Sensory Impairment       Long-standing illness

Other:

Do you require any specific arrangements to enable you to attend interview?      Yes       No

If Yes, please specify:

**RIGHT TO WORK IN THE UK**

Does your current immigration status require sponsorship?      Yes       No

If Yes, please specify:

Tier 2 visa       Tier 4 visa       Other

If Other, please specify:

## PART TWO

MEDICAL EDUCATION				
Name(s) of Medical School(s)	From (mm/yy)	To (mm/yy)	Qualification	Date Obtained / or due to be awarded (mm/yy)

Other Academic, Educational or Professional Qualifications, including Degrees, Diplomas, Certificates or Training Courses attended which are relevant to the post you are applying for		
Name of Institution	Details of Qualification/Course	Date Obtained / Completed

**Please give details of any prizes, honours, distinctions or merits you have obtained. Please give title of award, the subject area, date of award and name of awarding body.**

**Please give details of any presentations/posters at conferences including title of presentation/post, where presented and the date.**

**Please give brief details of all research projects and/or relevant research experience that you have undertaken or are undertaking including methods used. Indicate your level of involvement and your exact role in the research team.**

**Please describe in more detail ONE of the research projects mentioned above.**

**Please identify your reasons for applying for this Clinical Academic Fellowship GP training programme.**

**PREVIOUS APPOINTMENTS / CLINICAL EXPERIENCE. Please list all posts undertaken since Medical School in chronological order.**

<b>Hospital or Trust name:</b>	
<b>Specialty:</b>	<b>Grade:</b>
<b>Date started</b>	<b>Date finished</b>
<b>Hospital or Trust name:</b>	
<b>Specialty:</b>	<b>Grade:</b>
<b>Date started</b>	<b>Date finished</b>
<b>Hospital or Trust name:</b>	
<b>Specialty:</b>	<b>Grade:</b>
<b>Date started</b>	<b>Date finished</b>
<b>Hospital or Trust name:</b>	
<b>Specialty:</b>	<b>Grade:</b>
<b>Date started</b>	<b>Date finished</b>
<b>Hospital or Trust name:</b>	
<b>Specialty:</b>	<b>Grade:</b>
<b>Date started</b>	<b>Date finished</b>
<b>Hospital or Trust name:</b>	
<b>Specialty:</b>	<b>Grade:</b>
<b>Date started</b>	<b>Date finished</b>

**REFERENCES**

**You must provide contact details, including e-mail addresses of 3 references. One must be your current educational supervisor, one must be an academic referee and one must be from your current Head of School.** References are not used for scoring purposes during shortlisting or interview but will be reviewed prior to confirmation of appointment. Your referees should be contacted by you in advance to confirm that they are willing to provide a reference and are available to do so in the time period required.

**REFERENCE 1 – This must be your current Head of School or GP Director:**

<b>Name</b>	
<b>Job Title</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

**REFERENCE 2 – This must be your current Educational Supervisor**

<b>Name</b>	
<b>Job Title</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

**REFERENCE 3 – This must be an Academic Referee**

<b>Name</b>	
<b>Job Title</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	



## DECLARATION

I declare that the information I have given in support of my application, including information supplied on this form and any attached appendices, is, to the best of my knowledge and belief true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed and that I may be reported to the General Medical Council.

I declare that my answers to the questions on this form, any attached appendices and any other application forms required by individual deaneries are my own work and are not copied or reproduced from any other sources. I understand that if any of my answers are discovered not to be original, my application may be disqualified.

I understand that information about my application including personal data will be recorded and processed on computer in order to progress and monitor appointments as well as the production of recruitment statistics. Deaneries share information with other deaneries and other organisations involved in the planning, management and delivery of training including the Department of Health, Royal College of General Practitioners and the National Recruitment Office for GP Training. The GP National Recruitment Office commissions and undertakes a programme of research aimed at developing and improving the processes used for selection into GP speciality training. Anonymised recruitment data from all candidates is used in our research and quality assurance programmes. Under no circumstances will those undertaking such work be able to access candidate identifiable data, without contacting current and past applicants in advance for their permission to do so. I consent to the recording and processing of personal data in this way in accordance with the Data Protection Act 1998 and as outlined above.

I am aware of the GMC Good Medical Practice (paragraph 41) which states that if a post is formally accepted then I must not withdraw unless the employer has time to make other arrangements. I understand that failure to comply with this requirement may result in a complaint to the GMC.

**Signature:**

**Date:**

**Please return this application form to reach us before the closing date. Late applications will not be accepted under any circumstances.**

General Practice Recruitment  
Health Education England - East of England  
2-4 Victoria House, Capital Park  
Fulbourn, Cambridge CB21 5XB  
**Closing Date: 1700 on 6 November 2017**