

CAREER START FELLOWSHIP GP

APPLICATION

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| **PERSONAL DETAILS** | |
| **Title** |  |
| **Surname/Family Name** |  |
| **First Name** |  |
| **Middle Name(s)** |  |
| **Name in which you are registered with a professional body**  **(if applicable)** |  |
| **Current Address (incl. postcode)** |  |
| **Home Telephone** |  |
| **Mobile Telephone** |  |
| **Email Address** |  |
| **UK National Insurance Number** |  |
| **If you have a disability, do you require any reasonable adjustments to be made during the recruitment process? If so, please provide details.** |  |
| **Please specify any dates you are not available for interview?** |  |

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| **QUALIFICATIONS AND TRAINING** | | | | | | |
| **Subject/Qualification** | | **Place of Study** | | **Grade/Result** | | **Year** |
|  | |  | |  | |  |
| **TRAINING COURSES ATTENDED** | | | | | | |
| **Course Title** | | **Training Provider** | | **Duration** | | **Date** |
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| **PROFESSIONAL QUALIFICATIONS** | | | | | | |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** | | | | | | |
| **Professional Body:** | | | | | | |
| **Membership No:** | | | | | | |
| **Expiry/Renewal Date:** | | | | | | |
| **Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or any other country?** | | | | | | |
| **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 any other country?** | | | | | | |
| **EMPLOYMENT HISTORY** | | | | | | |
| **Current Employment:** | | | | | | |
| **Job Title:** | | | | | | |
| **Name and Address of Employer:** | | | | **Start Date:** | | |
| **Reason for Leaving:** | | |
| **Notice Period:** | | |
| **Salary:** | | |
| **Brief Description of your Duties and Responsibilities** | | | | | | |
| **PREVIOUS EMPLOYMENT HISTORY** | | | | | | |
| **Name and Address of Employer** | **Dates (From/To)** | | **Job Title** | | **Reason for Leaving** | |
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| **If you have any gaps in your employment history, please state reasons for this below** | | | | | | |

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| **ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION** |
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| **Describe any specific clinical/research areas that you would like to develop during the Career Start Fellowship scheme and how you would utilise the protected educational sessions (1 or 2 sessions per week).** |

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| **REFERENCES** | |
| **Please give details of two referees, one of whom should be your current or most recent employer.**  **Note: The second reference cannot be a family member or relative.** | |
| **Referee 1 Name and Address** | **Referee 2 Name and Address** |
|  |  |
| **Job Title/Organisation** | **Job Title/Organisation** |
| **Phone number and Email Address** | **Phone number and Email Address** |
| **Relationship:** | **Relationship:** |
| **Can the referee be approached prior to interview?** | **Can the referee be approached prior to interview?** |

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| **DECLARATIONS** |
| The information contained in this form is true and accurate. I agree that any deliberate omission, falsification or misrepresentation 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.  **Signed: Date:** |
| Completed application forms, with accompanying E&D monitoring form, should be returned to SGPA.hr@nhs.net or, by post to Sunderland GP Alliance, NE Business Innovation Centre, Enterprise Park East, Sunderland, SR5 2TA. |

Sunderland GP Alliance wants to meet the aim and commitment of their equality and diversity policy. All information received in this form will be treated in the strict confidence and will not be used in decision making.

#### How would you describe yourself?

Choose ONE section from A to F, and then tick the appropriate box

A  Asian or Asian British

Bangladeshi

Indian

Pakistani

Any other Asian background Please describe ………........................

B  Black or Black British

African

Caribbean

Any other Black background Please describe ………........................

C  Chinese or other ethnic group

Chinese

Any other Please describe ………........................

D  Mixed Heritage

White and Asian

White and Black African

White and Black Caribbean

Any other mixed background Please describe ………........................

E  White

British

English

Irish

Scottish

Welsh

Any other White background Please describe ………........................

F  Prefer not to say

#### Do you consider yourself to have a disability or a long-term health condition?

Yes  No

#### What is the effect or impact of your disability or health condition?

Prefer not to say

#### What is your sexual orientation?

Bisexual

Gay man

Gay Woman / Lesbian

Heterosexual / Straight

Other

Prefer not to say

What is your Date of Birth? (dd/mm/yyyy)

#### Please tick the box that best describes your religion or belief

Buddhist

Christian

Hindu

Jew

Muslim

Sikh

Other Religion or Belief

No Religion

Prefer not to say Please describe ………........................

#### Would you describe yourself as:

Male  Female  Prefer not to say

Please tell us where you heard about the role you are applying for:

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