



## MODERN APPRENTICE - APPLICATION FORM



You must complete the application form in full. **Please note Curriculum Vitae (CVs) will not be accepted.** You should fully complete the application form as incomplete applications will not be accepted. This form will be treated in confidence when returned to us. First save this application form under another name, then complete it electronically and return by the closing date of **Friday 11<sup>th</sup> September 2009** to [nhsggcrecruitment@nhs.net](mailto:nhsggcrecruitment@nhs.net).\*

\* If you are unable to complete the application form electronically, print it and complete in black ink using block capitals

VACANCY DETAILS		SECTION 1	
Please indicate which post you are applying for by marking an x in the box provided. If you are applying for both posts mark both boxes. You do <b>not</b> need to complete two application forms.		<b>Candidate Identification number (office use only):</b>	
Clerical Officer - Health Records: Reference Number: 18918P <input type="checkbox"/>		<b>Date application received (office use only)</b>	
Clinical Support Worker – Laboratories: Reference Number: 18919P <input type="checkbox"/>			
<b>Fair Treatment Statement</b>			
No applicant shall be unfairly discriminated against on account of their age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership/stewardship.			
These posts are part of NHS Greater Glasgow and Clyde's support of the Commonwealth Pledge to increase the number of apprenticeship places available to suitably qualified school leavers.			
PERSONAL DETAILS			
<b>Surname</b>		<b>Forename(s)</b>	
<b>Title (Mr, Mrs, Miss, Ms, Other)</b>			
<b>Current Address</b>			
<b>Postcode</b>			
<b>Telephone Number Home</b>		<b>Telephone Number Mobile</b>	
<b>Telephone Number Work</b>		<b>Email</b>	
<b>Which of the above is the best way for us to contact you:</b>			
WORKING IN THE UK: The reason for the presence of these questions is our need to determine whether permission to work in the UK is required. Please mark an x in the appropriate box.			
Do you hold a British or European Economic Area passport? (If your answer is yes, you do not need to answer the following two questions)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	
Are you entitled to apply for a British or other European Economic Area passport?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	
Do you require a work permit to work in the UK?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	
HEALTH			
<b>To the best of your knowledge, how many days sickness absence have you had in the last 12 months? Please mark an x in the appropriate box:</b>			
None <input type="checkbox"/>	Less than 10 <input type="checkbox"/>	More than 10 <input type="checkbox"/>	
<b>If more than 10, please give details:</b>			

**EDUCATION AND QUALIFICATIONS****SECTION 2**

Please provide details of examination passes and qualifications obtained. You will be required to provide proof of examination passes/qualifications if selected for interview. Please provide details in sequence with the most recent first. If you have had a break in your educational history please give details. Continue on the additional information sheet found on page 8 if you require additional details.

**EDUCATION HISTORY (SCHOOL/COLLEGE ETC)**

School/College Name and Full Postal Address	Date started (mm/yy)	Date finished (mm/yy)

If applicable, detail of any breaks in educational history:

Date left school (mm/yy)	
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**EXAMINATION PASSES /QUALIFICATIONS**

Standard Grades Subject/Module	Level Awarded	Year obtained	Higher/ Intermediate Subject/Module (please state Higher or Intermediate)	Level Awarded	Year obtained

**ADDITIONAL/ EQUIVALENT EXAMINATION PASSES/ QUALIFICATIONS  
(E.G. GCSE/ NATIONAL CERTIFICATE MODULES/ VQ/ OTHER)**

Qualification Type	Subject/Module	Year obtained	Grade/Mark Awarded

**PLEASE GIVE DETAILS OF ANY ADDITIONAL QUALIFICATIONS/ TRAINING COMPLETED OR CURRENTLY BEING UNDERTAKEN (INCLUDE GRADE AND DATE ACHIEVED IF APPLICABLE)**

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**MOST RECENT WORK EXPERIENCE (INCLUDING PART TIME AND VOLUNTARY WORK)**

Employer	Dates From	To	Job title and main duties

Please ensure you carefully respond to all of the questions in this section as the information you provide will be used to shortlist for interview. Before completing this section, please read the job description carefully, which is contained in Part A of the Information Pack. When completing your response please give as much detail as possible. Please note the information you provide in Section 1, Personal Details, and Section 6 Equal Opportunities Monitoring, of the application form will NOT be used for shortlisting.

**1. WHY ARE YOU INTERESTED IN TRAINING FOR THE MODERN APPRENTICE POSTS WITHIN NHS GREATER GLASGOW AND CLYDE? (MAX 250 WORDS)****2. PLEASE DESCRIBE HOW YOU BELIEVE YOUR EDUCATIONAL QUALIFICATIONS OR ADDITIONAL SKILLS ARE A MATCH FOR THE CRITERIA REQUIRED FOR THE MODERN APPRENTICESHIP POST YOU ARE APPLYING FOR (MAX 250 WORDS)**

Examination Passes/ Qualifications:

IT Skills (word processing/email/Excel):

Communication skills (reading writing, speaking):

**Accuracy and Attention to Detail:**

**3. PLEASE PROVIDE AN EXAMPLE OF WHEN YOU HAVE BEEN INVOLVED IN WORKING AS PART OF A TEAM IN SCHOOL OR OTHER. WHAT WAS YOUR INVOLVEMENT/ROLE AND WHAT POSITIVE IMPACT DID YOU HAVE ON THE TEAM? (MAX 250 WORDS)**

**4. PLEASE DESCRIBE ANY ADDITIONAL SKILLS YOU MAY HAVE DEVELOPED THROUGH LEISURE OR OTHER INTERESTS, INCLUDING WORK EXPERIENCE/WORK PLACEMENTS, VOLUNTARY/COMMUNITY WORK OR ANY POSITIONS OF RESPONSIBILITY HELD. (MAX 250 WORDS)**

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**5. FINAL COMMENTS TO SUPPORT YOUR APPLICATION (MAX 250 WORDS)**

**PLEASE USE THIS SECTION TO TELL US HOW YOUR PERSONAL QUALITIES, SKILLS, ACHIEVEMENTS OR ATTRIBUTES MATCH THOSE NEEDED FOR THE MODERN APPRENTICE POST. YOU CAN ALSO USE THIS SECTION TO PROVIDE ANY OTHER INFORMATION TO SUPPORT YOUR APPLICATION, INCLUDING DETAILS OF ANY HOBBIES OR INTERESTS.**

**REFERENCES****SECTION 4**

Please provide details of two referees, one of whom must be from your most recent school/education establishment. For Reference 2, family members or friends will not be accepted. Note that references will only be taken up for preferred candidates following interview. Our pre-employment screening also includes Health and Fitness for Work, Criminal Record Check (Disclosure Scotland), Verification of Examination Results/Qualifications and Right to Work in the UK.

**REFEREE 1 – SCHOOL/ EDUCATION REFERENCE**

<b>NAME</b>		<b>JOB TITLE</b>	
<b>ADDRESS</b>		<b>EMAIL ADDRESS (IF KNOWN)</b>	
<b>POSTCODE</b>		<b>TELEPHONE NO</b>	

**REFEREE 2 – WORK/ WORK PLACEMENT/ CHARACTER REFERENCE**

<b>NAME</b>		<b>JOB TITLE</b>	
<b>ADDRESS</b>		<b>EMAIL ADDRESS (IF KNOWN)</b>	
<b>POSTCODE</b>		<b>TELEPHONE NO</b>	

**Where did you first see this post?**

<input type="checkbox"/> Daily Record
<input type="checkbox"/> Greenock Telegraph
<input type="checkbox"/> Paisley & Renfrewshire Gazette
<input type="checkbox"/> AWAZ Monthly
<input type="checkbox"/> NHS Greater Glasgow and Clyde Website
<input type="checkbox"/> NHS Greater Glasgow and Clyde Vacancy Bulletin
<input type="checkbox"/> SHOW (NHS Scotland Website)
<input type="checkbox"/> Job Centre Plus
<input type="checkbox"/> Other (please specify)

**(i) DISABILITY**

The Disability Discrimination Act 1995 (DDA) defines Disability as follows “any physical or mental impairment which has a substantial adverse effect on a person’s ability to carry out normal day to day activities”. NHS Scotland is “Positive about Disabled People” as part of our continued commitment to extend job opportunities for people who are disabled. NHS Scotland operates a **Job Interview Guarantee (JIG)**. All candidates who indicate they have a disability **and meet the minimum criteria outlined within the person specification** will be guaranteed an interview. However, some disabled people prefer not to take this option so please tick your preference if you are a disabled candidate.

**Do you want to participate in the guarantee scheme? (Please mark an x in the appropriate box)**

YES  NO

Please specify any special requirements you require if attending for interview (e.g. Induction Loop, Wheelchair Access, Signer):

**(ii) RIGHT TO WORK IN UK**

NHS Greater Glasgow and Clyde has a legal obligation to ensure that it does not employ any worker who does not have permission to work in the UK. We are required to check the entitlement to work in the UK of all prospective employees, regardless of nationality or job category. If you are successful in obtaining employment within NHS Greater Glasgow and Clyde you will be required to provide evidence of your entitlement to work in the United Kingdom.

**(iii) REHABILITATION OF OFFENDERS ACT 1974****Criminal Convictions/Cautions**

The Rehabilitation of Offenders Act 1974, provides for many people who have been convicted of/cautioned over certain criminal offences the opportunity to have no need to refer to these convictions/cautions or the circumstances relating to them in the course of their daily lives. Certain convictions/cautions can, therefore, be regarded as “spent” after the lapse of a period of years under the terms of the Act. The National Health Service employment for which you are applying is **excluded** in the provisions of the Act unless otherwise stated in the job description. Unless stated, you are required **not to withhold** information about convictions/cautions which for other purposes are “spent” under the provisions of the Act. This means that all previous convictions/cautions must be declared. If you are offered employment, any failure to disclose such convictions/cautions could result in dismissal or disciplinary action. Any information given, however, will be completely confidential and will be considered only in relation to the post for which this application form refers. **Information will be verified by Disclosure Scotland for relevant posts. (Please mark the appropriate box with an x)**

I declare that I have: (a) No previous convictions/Cautions  (b) Previous convictions/Cautions

**Details of previous convictions/Cautions:**

*Please note you will be required to sign the declaration on page 7 of this application form after completion of this section.*

**(iv) PROTECTION OF CHILDREN (SCOTLAND) ACT 2003**

The Protection of Children (Scotland) Act 2003 provides for Scottish Ministers to keep the Disqualified from Working with Children List (DWCL). It is an offence for NHS Greater Glasgow and Clyde to appoint, and for people to apply for a childcare post, if they appear on the List. An Enhanced Disclosure Scotland check will be carried out for all childcare posts.

**(v) DECLARATION**

Please read the following points and sign below when you have completed your form

- I have completed this application form and the details I have supplied are, to the best of my knowledge, true and complete and I have not withheld any relevant information
- I understand that if appointed to this post the information on this form will be kept as part of my Employee Record File
- I authorise you to obtain references to support this application if I am identified as a preferred candidate
- I understand that details of examination passes/qualifications will be verified
- I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to disciplinary action which may result in dismissal on the grounds of dishonesty.
- I consent to details being retained confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998

**Signature of applicant:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Print name:**

\_\_\_\_\_

If you are completing this application form electronically you can type your name in the space provided for your signature.

Please now complete section 6, Equal Opportunities Monitoring Form and Right to Work in the UK statement and sign/type your name where needed.

## ADDITIONAL INFORMATION SHEET

Please use this sheet if you require additional space for information. Please indicate which section and question number (if applicable) you are providing additional information for.

Please indicate which post you are applying for by marking an x in the box provided. If you are applying for both posts mark both boxes, you do **not** need to complete two application forms.

Clerical Officer - Health Records: Reference Number: 18918P   
Clinical Support Worker – Laboratories: Reference Number: 18919P

**Candidate Id Number: (office use only)**

### Equal opportunities monitoring

We want to ensure that our job opportunities are open to all. The only way we can ensure there is equal opportunity is to measure applications we receive. Therefore this form asks you for your ethnic origin, gender, disability, religion, sexuality and age. The information you provide in this part of the form is confidential and is **not** used in the selection process. It will be separated from the rest of the form when we receive it.

1) You are:

Female  Male

2) Do you consider yourself, or have you ever considered yourself as transgender? This could include considering or intending to undergo gender reassignment surgery or not identifying with your assigned birth gender.

No  Yes  Prefer not to say

3) What is your date of birth? .....

4) Do you have a physical or mental health condition or disability that has a substantial effect on your ability to carry out day to day activities and has lasted or expected to last 12 months or more?

No  Yes

If Yes, please describe here the nature of the disability and any special arrangements for interview / work location:

**6) What is your ethnic group?**

Choose **one** section from A to F, then **tick** the appropriate box to indicate your cultural background

<b>A: White</b>	Scottish	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other British	<input type="checkbox"/>
	Other White Background	<input type="checkbox"/>				
<b>B: Mixed</b>	Any mixed background	<input type="checkbox"/>				
<b>C: Asian; Asian Scottish; Asian English; Asian British:</b>						
	Pakistani	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>		<input type="checkbox"/>
<b>D: Black; Black Scottish; Black British</b>						
	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>		
	Other Black background	<input type="checkbox"/>				
<b>E: other ethnic background</b>						
	Any other background	<input type="checkbox"/>				
<b>F: Prefer not to answer</b>						
		<input type="checkbox"/>				

**7) What is your religion?**

A) Buddhism	<input type="checkbox"/>	B) Christianity - Church of Scotland	<input type="checkbox"/>	C) Hinduism	<input type="checkbox"/>
D) Judaism	<input type="checkbox"/>	E) Christianity - Roman Catholic	<input type="checkbox"/>	F) Islam	<input type="checkbox"/>
G) Christianity (other)	<input type="checkbox"/>	G) Sikhism	<input type="checkbox"/>	H) Other faith / belief	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>				

**8) What is your sexual orientation?**

Bi Sexual	<input type="checkbox"/>	Lesbian/Gay Woman	<input type="checkbox"/>	Heterosexual (straight)	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>

**PLEASE NOW FILL IN THE NHS GREATER GLASGOW & CLYDE  
CONFIRMATION OF RIGHT TO WORK IN THE UK STATEMENT ON PAGES 11 AND 12.  
PLEASE NOTE THIS DOCUMENT MUST BE COMPLETED AND RETURNED BY ALL  
APPLICANTS**

**Post Applied For: Modern Apprentice**

**Post Ref: Clerical Officer - Health Records: Reference Number: 18918P**   
**Clinical Support Worker – Laboratories: Reference Number: 18919P**

**Candidate ID Number: (for office use only)**

**We need to know if you are eligible for employment in the UK Even if you are a British Citizen  
PLEASE READ ALL QUESTIONS CAREFULLY BEFORE COMPLETING THIS FORM**

**PLEASE TICK BOXES WHERE ANSWER IS YES/NO**

The information you provide in this part of the form is confidential and is not used in the shortlisting process. It will be separated from your application form when we receive it.

**1** Are you a British citizen or a European Economic Area National? Yes  No

**If you have answered NO, please answer all questions from 2 - 6 and read and sign the declaration at section 6**

**If you have answered YES, please read and sign the declaration at section 6**

**RIGHT TO WORK IN THE UK**

**2** Do you have right to work in the UK? Yes  No

**3** What is your Nationality?

**ENTRY CLEARANCE/LEAVE TO REMAIN**

**4** Date of Entry to the UK Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date Period of Entry/Leave to remain in the UK Ceases (Visa Expiry) Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**5 PLEASE INDICATE WHICH IMMIGRATION STATUS APPLIES TO YOU.**

Tier 1 General  Tier 1 Post Study

Tier 2 General Certificate of Sponsorship (formerly Work Permits)  Refugee/Asylum Seeker

Tier 4 (formerly Student Visa)  Clinical Attachment or Dental Observer

Spousal/Dependant of permit/visa holder  Tier 5 Medical Training Initiative

Other - Please Specify  Ancestry visa holder

PLAB or visitor visa holder

**PLEASE NOTE THAT YOU WILL BE REQUIRED TO PROVIDE APPROPRIATE DOCUMENTATION PRIOR TO ANY APPOINTMENT BEING MADE.**



**Post Applied For: Modern Apprentice**

**Post Ref: Clerical Officer - Health Records: Reference Number: 18918P**   
**Clinical Support Worker – Laboratories: Reference Number: 18919P**

**Candidate ID Number: (for office use only)**

**6. DECLARATION**

- I declare that the information provided in this form is to the best of my knowledge true and complete.
- I understand that ALL applicants are required to provide proof of their Right to Work in the UK.
- I understand that it is my responsibility to ensure that I complete this document correctly and that I will be required to provide proof of my right to work in the UK prior to any formal offer of employment being made.
- I understand that Applications from candidates who require a Tier 2 General Certificate of Sponsorship will only be considered if no suitable UK or EEA national is identified for this post. For further information on the UK Border Agency's Points Based System for immigration into the UK, please visit [www.bia.homeoffice.gov.uk](http://www.bia.homeoffice.gov.uk)

**SIGNATURE**

**Date**

If you are filling in this application form electronically you can type your name instead of signing.

Thank you for completing this application form. Please ensure you submit no later than the closing date of **Friday 11<sup>th</sup> September 2009**. Late applications will NOT be accepted. For submitting your application, please follow instructions in Part C of the Information Pack for the post.