

The
Raphael Hospital

CENTRE FOR NEURO-REHABILITATION & INTEGRATED HEALTHCARE



**APPLICATION
FOR EMPLOYMENT PACK**

**Hollenden Park
Coldharbour Lane
Hildenborough
Tonbridge
Kent TN11 9LE**

**Tel: 01732 833924
Email: info@raphaelhospital.co.uk**

Please fill in the application form below using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

APPLICATION FOR EMPLOYMENT WITH THE RAPHAEL HOSPITAL

Title (Mr, Mrs, Miss, Dr)		
Surname*		
First Names*		
UK National Insurance Number		
Address including postcode*		
Mobile Number		
Email Address		
*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	Yes	No
Name of Bank		
Sort Code		
Account Number		

If you have answered 'no' above, you must answer these questions:

Please select the category that relates to your current immigration status. This status will be subject to checking before interview.

- | | |
|---|---|
| <input type="checkbox"/> Tier 1/HSMP | <input type="checkbox"/> Post Graduate Doctors and Dentists |
| <input type="checkbox"/> Indefinite Leave to remain/enter | <input type="checkbox"/> Tier 5 Temporary Workers |
| <input type="checkbox"/> Tier 2/HSMP | <input type="checkbox"/> Tier 5 Youth Mobility/working holiday visa |
| <input type="checkbox"/> Dependant / Spouse visa | <input type="checkbox"/> Refugee <input type="checkbox"/> Clinical visa |
| <input type="checkbox"/> Tier 4 student | <input type="checkbox"/> Other, please specify below <input type="checkbox"/> Visitor |

Does your visa have a condition restricting employment or occupation in the UK?

- Yes No

Please supply details of any visa currently held:

Visa Number	
Start Date (DD/MM/YY)	
Expiry Date (DD/MM/YY)	
Details of any Restrictions	

Are you an NHS professional returning to practice? Yes No

Education & Professional Qualifications

All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.

Subject/Qualification	Place of Study	Grade/result	Year Obtained

Training Courses Attended

Training courses that you have attended or details of courses that you are currently undertaking, together with the date completed or to be completed.

Course Title	Training Provider	Duration	Year Obtained

Membership of Professional Bodies

Any relevant professional registrations or memberships. If you are registered then please enter the relevant details below; this information will be subject to a satisfactory check. Please indicate your UK Professional Registration status *

- I do not have the relevant UK professional registration status
- I have current UK professional registration
- UK professional registration required and applied for
- UK professional registration required but not yet applied for
- I am a student
- Not required for this post

If professional registration is not required then go to **Employment History**.

If you are registered then please enter the relevant details below:

Professional Body	
Membership or Registration Type	
Membership/Registration Number	
Expiry/Renewal Date	

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country? Yes No

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 in any other country? Yes No

If applicable, please provide details of any conditions/restrictions you may have.

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Employment History

Please record below the details of your current or most recent employer

Employer Name			
Address			
Telephone Number			
Job Title			
Start Date		End Date	
Grade Salary			
Reporting to (job title)		Period of Notice	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of all your previous employment, beginning with the most recent first. Up to 5 previous employments can be entered here. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
Start Date		End Date	
Reason for leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
Start Date		End Date	
Reason for leaving			
Description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title		Grade	
Start Date		End Date	
Reason for leaving			
Description of your duties and responsibilities			

Please add additional employers/information on a separate sheet. If you have any gaps within your employment history, please state the reasons for the gaps below.

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Supporting Information

In this box please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with the application form). This can include relevant skills, knowledge, experience, voluntary activities and training etc. If relevant to the post for which you are applying you should include details about research experience, publications or poster presentation, clinical care, (knowledge and skills) and clinical audit.

Supporting information (Please continue on additional sheets if necessary).

References

Please provide the names and full contact details of the people who have agreed to supply references. References must include at least two positions with separate employers and, as a minimum, cover a period of three years employment and/or training history, where this is possible. Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your education institution. If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of standing within your community such as a doctor, solicitor or MP. Where it is genuinely not possible to obtain references from any of the sources outlined above, you must provide contact details of two personal acquaintances who would be willing to give a reference. Personal acquaintances must not be related to you, or have any financial arrangement with you.

Please note that all reference requests will be followed up and verified through the organisation's human resources department or other relevant recruitment function. Referees will be approached prior to interview, unless you indicate otherwise below.

Referee 1

Type of Reference:	Employer <input type="checkbox"/>	Educational <input type="checkbox"/>	Personal <input type="checkbox"/>
Title			
Surname			
First Name			
Relationship			
Job Title			
Address			
Telephone Number		Email	
Can the referee be contacted prior to interview	Yes		No

Referee 2

Type of Reference:	Employer <input type="checkbox"/>	Educational <input type="checkbox"/>	Personal <input type="checkbox"/>
Title			
Surname			
First Name			
Relationship			
Job Title			
Address			
Telephone Number		Email	
Can the referee be contacted prior to interview	Yes		No

Declarations

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form 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.

I agree to the above declaration

Signature			
Name		Date	

MONITORING INFORMATION

We recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, we are required to demonstrate that our recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, religion or belief, including a lack of any belief.

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

The Raphael Hospital 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 or belief, disability, sexual orientation and age. The Raphael Hospital undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

If you are applying for a post involving access to persons in receipt of health services, your offer of employment may be subject to a satisfactory criminal record check. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Individuals applying for positions which involve 'regulated activity' are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults.

The full definition of 'regulated activity' is defined in the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012 which came into force on 10 September 2012.

Are you currently bound over, or do you have any unspent convictions issued by a Court or Court Martial in the UK or any other country? Yes No

If yes, please supply details below:

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

To protect certain vulnerable groups within society, there are a number of posts within The Raphael Hospital that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (as amended). As the post you have applied for falls within this category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Applicants for such posts are not entitled to withhold any information about convictions or other relevant criminal record information which for other purposes are 'spent' under the provisions of the Act. If you are successful with this application, any failure to disclose such information could result in dismissal or disciplinary action. Any information provided will be confidential and will be considered only in relation to posts to which the Order applies. All individuals applying for positions which involve 'regulated activity' are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults.

The full definition of 'regulated activity' is defined in full under the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012) which came into force on 10 September 2012.

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? Yes No

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 hearing. Please note: you do not need to tell us about parking offences.

Are you currently bound by any barring decision made by the Independent Safeguarding Authority (ISA) from working with vulnerable adults? Yes No



WORKHEALTH ASSESSMENT FORM

Guidance for Completing the Work Health Assessment

The purpose of the questionnaire is to determine whether you have health problems that could affect your ability to undertake the duties of the post you have been offered or place you at risk in the workplace. It may be that adjustments or support is recommended as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work.

Your answers to this questionnaire will be **confidential** to Occupational Health and will not be given to anyone else without your written permission. We do use anonymised information for audit purposes but will not reveal confidential information in any audit report. Specific guidance about the declaration form is given below:

Please complete all relevant sections, otherwise the form may be returned for completion therefore delaying the process;

Details of Position

Please ensure that the top section has been completed as to which job you are being considered for and who the recruiting manager is. This is particularly important for nursing and medical employees as it may affect the type of screening required for the new post. Health Surveillance requirements in line with the post should also be identified within this section.

Personal Details

All sections must be completed. Please only provide contact details that you are happy for us to use as part of your work health assessment and for any subsequent communication.

PART A – Work Health Assessment Questions - Support or adjustments to the workplace

These questions have been designed to allow assessment of your health and well-being in relation to the proposed job. If you have a health condition/impairment or disability that may affect your work and you need adjustments or any support you should complete this section. In particular, health problems that may affect work tasks or be affected by work patterns such as night work or working environments should be disclosed.

PART B Immunisations and Blood Tests – Immunisation Assessment Section

If you a health care worker* involved in direct patient care or body fluid sample handling please ensure that you provide details of any previous immunisations and blood tests. If you require immunisations or blood tests an appointment will be sent to you. Please ensure that you provide details of any previous immunisations and blood tests.

***Definition of Healthcare Workers**

The Association of National Health Occupational Physicians (ANHOPS) guidance on Immunisation of healthcare workers defines three categories of healthcare workers:

- Clinical staff who have regular clinical contact with patients. This includes staff such as doctors, nurses, paramedical professionals such as occupational therapists, physiotherapists, therapists and students in these disciplines;
- Ancillary staff who may have social/clinical contact with patients, of a prolonged or close nature. This group includes ward clerks, administration staff, domestics, volunteers and porters.

PRIVATE AND CONFIDENTIAL	
Please read the guidance before answering the questions. Ensure that you have completed all sections.	
Details of Position	
POST TITLE _____	ORGANISATION _____
DIVISION / DIRECTORATE _____	WARD / AREA _____
FULL / PART-TIME (Hours)	
APPOINTING MANAGER _____	MANAGERS TEL NO: _____
EMAIL OF APPOINTING MANAGER _____	
FOLLOWING RISK ASSESSMENT OF THE ABOVE POSITION PLEASE INDICATE IF ANY HEALTH SURVEILLANCE IS REQUIRED?	
i.e. Exposure to Noise/Skin or Respiratory Sensitisers, HAVs _____	

Personal Details – To be completed by prospective employee

This questionnaire forms part of the appointments procedure and will also be part of your Occupational Health record.

If you have any difficulties completing this form, please contact the department for advice.

Please complete this section in BLOCK letters.

SURNAME _____ Dr/Mr//Mrs/Ms. DATE OF BIRTH _____

FORENAMES _____ FORMER NAME(S) _____ MALE / FEMALE

ADDRESS _____

POSTCODE _____ HOME TELEPHONE NO: _____ MOBILE _____

NHS NUMBER _____ E-MAIL _____

GENERAL PRACTITIONER (Name & Address) _____

PART A – Health Assessment Section

Please complete this section if you have a health condition / impairment or disability which might affect your work and which might require special adjustments to your work or at your place of work

1	Do you have any health condition / impairment / disability (physical or psychological) which may affect your work ? If yes please give details with dates	YES	NO
2	Have you ever had any health condition / impairment / disability which may have been caused or made worse by your work? If yes please give details with dates	YES	NO
3	Are you having, or waiting for treatment (including medication) or investigation at present? If yes please provide further details of the condition, treatment and dates.	YES	NO
4	Do you think you may need any adjustments for assistance to help you to do the job ? If yes please give details	YES	NO

PART B – Immunisation Assessment Section

Please complete this section only if you are you a health care worker involved in direct patient care or body fluid sample handling.

ONLY HEALTH CARE WORKERS INVOLVED IN PATIENT CARE / CONTACT / BODY FLUID SAMPLE HANDLING COMPLETE THIS SECTION				
Immunisation and Blood Tests -- Please provide the following details of your immunisation. If this information is not provided with the relevant copies an appointment to attend Occupational Health will be required				
	<u>YES</u>	<u>NO</u>	<u>DATES</u>	<u>Results attached</u>
Hepatitis B vaccination				Not required
Hepatitis B 5 year booster				Not required
Hepatitis B (showing titre levels >10iu/ml or indicate if non-responder to vaccine)				
Measles Vaccination				
Mumps Vaccination				
Rubella Vaccination (German Measles)				
MMR Vaccination				
Measles antibodies				
Mumps antibodies				
Rubella antibodies (German Measles)				
Have you ever suffered from Chicken Pox / Shingles? Born or raised in tropical or subtropical climates? Varicella antibodies tested? Varicella Vaccination received?				
Tested positive for infection for HIV, Hepatitis B or Hepatitis C?				
Have you had Tuberculosis (TB) or in the last 12 months, had any unexplained weight loss, night sweats, cough lasting more than 3 weeks or coughing up blood? Have you lived or worked abroad for more than 4 weeks in the last 5 years. If yes where and for how long? Has a family member or close friend ever been diagnosed as having TB?				

To your knowledge have you had any recent contact with TB				
Mantoux or heaf test, chest x- ray				
BCG (Tuberculosis Vaccination)				
If yes, do you have evidence of a BCG scar?				Yes / No
Do you have documented evidence of this?				Yes / No

Will you be performing exposure prone procedures (EPP)?

Yes / No

Health Care Workers who perform EPPs have a legal duty to inform Occupational Health if they suspect or know that they are carriers of HIV, Hepatitis B or Hepatitis C