

IMPORTANT NOTICE

Thank you for your interest in an employment position with our Company.

All applicants are required to return this form to the Human Resources Department of Regent's Park Heart Clinics Ltd.

This can be achieved in one of TWO ways:

- 1) Either complete this form as an electronic word document and send as an email attachment to hr@rphc.co.uk

Or,

- 2) Complete the form by hand and send to the following address:

Human Resource Manager
Regent's Park Heart Clinics Ltd.
C/O Cambridge Heart Clinic, Mailbox 263, Addenbrooke's Hospital,
Hills Road, Cambridge, CB2 0QQ

We look forward to receiving you application.
Thank you for your co-operation.

Regent's Park Heart Clinics Ltd.
Human Resource Manager

EMPLOYMENT APPLICATION FORM			
Position applied for		Date available from	
Where did you hear about us? e.g. colleague referral; website			
Preferred Location			
Would you be prepared to travel to other facilities as required?	Yes	No	Do you have access to a car and a clean driving licence?
			Yes No
If YES, what is the maximum distance you are willing to travel?miles		
1. PERSONAL DETAILS			
Title			
Forename(s)			
Surname			
Preferred name			
Gender		Ethnic Origin	
Date of Birth (dd/mm/yyyy)		Nationality	
Current Job Title			
Principal Qualifications with Dates			
Please enclose a copy of your current CV together with a commentary on gaps in employment or practice	Yes	No	
National Insurance Number			
2. HOME DETAILS			
Address			
Postcode			
Telephone		Home Fax	
Mobile numbers	Business		Personal
Pager Number		Email	
Next of kin	Name		Relationship
	Telephone		Email
3. PREFERRED CONTACT DETAILS (IF DIFFERENT FROM HOME DETAILS)			
Address			
Postcode			
Telephone		Mobile	
Email		Fax	

4. PREVIOUS EMPLOYMENT				
Employer Name			Job Title	
Responsibilities				
Employment Dates	From		To	
Reasons for leaving				
Starting salary			End Salary	
May we contact your employer for a reference?			Yes	No
Employer Name			Job Title	
Responsibilities				
Employment Dates	From		To	
Reasons for leaving				
Starting salary			End Salary	
May we contact your employer for a reference?			Yes	No
Employer Name			Job Title	
Responsibilities				
Employment Dates	From		To	
Reasons for leaving				
Starting salary			End Salary	
May we contact your employer for a reference?			Yes	No

5. UNION MEMBERSHIP	
Are you currently a member of any relevant Union? E.g. RCN, UNISON, NMC	Yes No
If YES, please name the Union:	

6. EDUCATION				
Name of Institution				
Address of Institution				
Dates	From		To	
Qualifications on graduation:				
Name of Institution				
Address of Institution				
Dates	From		To	

Qualifications on graduation:			
Name of Institution			
Address of Institution			
Dates	From		To
Qualifications on graduation:			
Please provide copies of your most recent and relevant qualifications	<input type="checkbox"/> Yes, I enclose copies		
7. PROFESSIONAL REGISTRATION DETAILS			
Are you registered with any professional organisations?	Yes	No	
If "Yes", please attach a copy of your current certificate	Certificate/PIN reference/membership number:		
Please list professional organisations with which you are registered:			
Are you registered with a medical defence organisation?			
If "Yes", please attach a copy of your current certificate	Certificate/PIN reference/membership number:		
Do you have either Basic Life Support (BLS) or Intermediate Life Support (ILS) Resuscitation Training?	Yes	No	
If Yes, state which type of resuscitation training you have and when your training was last updated below:			
8. HEALTH DECLARATION			
<p>It is essential to complete this section and supply all relevant supporting documentation. If the answer to any of the questions is YES, or if you are currently taking medication, please give details in the appropriate box.</p> <p>Have you ever suffered from, or are now suffering, from any of the following?</p>			
Diabetes	Yes	No	
Tuberculosis	Yes	No	
Epilepsy, fits or faints	Yes	No	
Nervous breakdown or mental disorder	Yes	No	

Any skin disease	Yes	No	
Any back or spinal trouble or severe sprains	Yes	No	
Any abdominal disorder	Yes	No	
Rheumatic fever	Yes	No	
Asthma, hay fever or allergy	Yes	No	
Migraine or severe headaches	Yes	No	
Any disease of the bladder or kidneys	Yes	No	
Varicose veins	Yes	No	
Do you have any permanent disability	Yes	No	
Any severe reaction to drugs or injections	Yes	No	
Please indicate any other medical, surgical or psychiatric history that may affect your ability to work.			
Have you ever been screened or examined by/or for any Health Authority? If YES, please state date and place of most recent examination.			
Hepatitis B immunity status			
Date of initial course (dd/mm/yyyy)		Date of last booster (dd/mm/yyyy)	
Please attach a copy of your most recent antibody report, which must be from a UK laboratory, which will be reviewed by our Occupational Health Service.			

9. CRIMINAL RECORDS BUREAU DISCLOSURE/CRIMINAL RECORDS OFFICE (SCOTLAND)

Have you undergone a CRB/CRO disclosure?	Yes	No
If YES, please <u>state the date</u> when this took place, by <u>whom it was requested</u> and for <u>what purpose</u> .		
If YES, please provide the CRB Disclosure Number:		
If YES, please provide a copy of your certificate (if available)	Yes	No
If YES, was the CRB/CRO disclosure Enhanced or Standard?		

10. OTHER INTERESTS

Do you have any direct managerial or financial interest in any other Private Healthcare organisation, Medical device, Medical diagnostic, Medical drug. Medical	Yes	No
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delivery, Private Equity company, Private Hospital or Private Clinic?	
(N.B. A share holding in any publicly quoted company undertaking healthcare activities will not be deemed to be a direct financial interest for the purposes of this question.	
If YES, please give details of managerial or financial interests below:	
11. CONFLICTS OF INTEREST	
Are you aware of ANY conflicts of interest that would prevent you from employment with RPHC?	Yes No
If yes, please provide details on a separate sheet	

12. REFEREES			
Please provide the names and addresses of <u>two referees</u> that can support your application for practising privileges, one of whom must be your current employer			
Name		Name	
Telephone		Telephone	
Fax		Fax	
Address		Address	
Relationship to applicant		Relationship to applicant	

13. BANK DETAILS			
Bank Name		Account Name	
Account Number		Sort Code	

14. DECLARATIONS	
Under the Care Standards Act 2000 as amended by the Health and Social Act 2003, the Regulations and the National Minimum Standards for Private and Voluntary Health Care, our employees are required to make the following declarations. If you answer YES to any of the questions below, please provide details on a separate sheet.	
1. Please state whether or not you are currently the subject of any police investigation in the United Kingdom or elsewhere	Yes No
2. Have you ever been convicted of a criminal offence within the United Kingdom or elsewhere, or received a Police Caution?	Yes No
3. Are you currently the subject of any investigation or proceedings by any regulatory or professional body in the United Kingdom or elsewhere?	Yes No
4. Have you ever been disqualified from practice of a profession or been the subject of specific limitations on your practice following an investigation by a regulatory	Yes No

or professional body in the United Kingdom or elsewhere?	
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I hereby confirm that the details provided on this form are true and correct.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment contract being terminated.

If applicable, I hereby give permission for Regent's Park Heart Clinics to consult directly with the Medical Defence Organisation identified above to confirm any aspect of my medical indemnification on an ongoing basis until further notice.

Full name and title:
<p>Signature:</p> <p>Date:</p>

EQUAL OPPORTUNITIES POLICY

Regent's Park Heart Clinics is committed to the central role of Equal Opportunities to ensure that no employee, service user or prospective employee, ex-employees, worker, contractor and self-employed person receives less favourable treatment on the grounds of disability, age, race, religion, spiritual beliefs, colour, nationality, ethnic or national origins, gender, sexual orientation or marital status. It opposes all forms of direct and indirect discrimination. No person should be disadvantaged by conditions or requirements, which cannot be shown to be justifiable.

Regent's Park Heart Clinics will implement policies that promote equality of opportunity and prevent discrimination. These policies are to be available to all relevant bodies: service users, purchasers and to all staff that they employ.

Regent's Park Heart Clinics seek to comply fully with all anti-discriminatory legislation, including the Disability Discrimination Act 1995, the Human Rights Act 1998, the Race Relations Act 1976, Equal Pay Act 1970 (updated 1983), Sex Discrimination Act 1975 (updated 1986), Employment Equality Regulations 2003, as well as the various codes of practice dealing with the elimination of discrimination and the promotion of equal opportunities.

Regent's Park Heart Clinics will review, monitor and evaluate all policies, procedures and practices both in service delivery, employment and in resource allocation from an equalities perspective to ensure that they conform with this policy.

EMPLOYMENT OF STAFF

Regent's Park Heart Clinics recognise that staff are their major asset and will strive to ensure that every job applicant or employee is treated fairly in all employment matters, regardless of their race, colour, nationality, ethnic or national origins, gender, marital status, disability, age, sexual orientation or religious belief.

The operation of recruitment and selection, training, promotion, pay and career management policies will be based solely on objective and job related criteria. Recruitment literature will not intimate that there is a preference for one group of applicants unless there is a Genuine Occupational Qualification (GOQ) that restricts a position to a specific sex, or Genuine Occupational Requirement (GOR) that requires a specific language skill; in which case this would be cited.

Procedures within the organisation are regularly reviewed to ensure that individuals are selected on the basis of their relevant merits and abilities for the position in question. All employees are therefore given equality of opportunity. Likewise, all employees are expected to act in their work in accordance with this policy. Any failure to do so would result in disciplinary proceedings.

It is important that staff guard against discrimination, on the basis of unacceptable pre-conceptions or possible assumptions that individuals might possess characteristics which would make them unsuitable.

GENERAL

In the exercise of Regent's Park Heart Clinic's affairs, individual employees are responsible for ensuring that their own demeanour is congruent with this Equal Opportunities Policy. This means they must not: i) encourage other employees to practice discrimination; ii) discriminate against individuals who have made accusations in relation to Regent's Park Heart Clinic's Grievance Procedure. Grievances regarding discrimination will be considered in relation to Regent's Park Heart Clinic's Grievance Procedure.

The implementations of the Equal Opportunities Policy will be regularly monitored and the policy reviewed and revised in order to ensure that it is fit for the purpose for which it is intended.

Complaints of discrimination will be treated seriously. Regent's Park Heart Clinics will take corrective action (including disciplinary action), against members of staff in breach of this policy, where the policy has been abused or ignored.

All Managers have the responsibility to fully familiarise themselves with this policy and ensure that it is distributed and understood by all staff.

Managers are further responsible for ensuring that they progress the policy and that staff actively implement the policy and its provisions.

EQUAL OPPORTUNITIES QUESTIONNAIRE

PRIVATE AND CONFIDENTIAL APPLICATION MONITORING

This form will be detached and passed to the Human Resources Department before the first stage of selection.

Regent's Park Heart Clinics has an Equal Opportunities Policy aimed at treating all applicants fairly, irrespective of their disability, age, race, religion, spiritual beliefs, colour, nationality, ethnic or national origins, gender, sexual orientation or marital status. To enable us to assess that our policy is being fully implemented, we request that all applicants complete the details below. However this is not obligatory.

Post applied for:

Location:

Surname:

Forename(s):

Title: Prof Dr Mr Mrs Miss Ms

Gender: Male Female

Personal status: Married Single Divorced Widowed Separated
Cohabiting

Date of Birth:

Disability

Do you consider yourself to be disabled in any way Yes No

If yes, what is the nature of your disability?

Are you registered as disabled? Yes No

If yes, please specify

Ethnic origin

Bangladeshi <input type="checkbox"/>	Black British <input type="checkbox"/>	Chinese <input type="checkbox"/>
Indian <input type="checkbox"/>	Black African <input type="checkbox"/>	Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	White <input type="checkbox"/>
Other Asian <input type="checkbox"/>	Black Other <input type="checkbox"/>	Other <input type="checkbox"/>

If none of the above, please specify:

This information will be detached prior to short-listing and will not be taken into account in the selection process. It will, of course, be treated as strictly private and confidential.

Signature:

Date: