

The Ulster Independent Clinic  
245 Stranmillis Road  
Belfast  
BT9 5JH  
Tel 02890661212

Job Ref No:

Applicant Ref No:

**Application Form**

Thank you for your interest. This Application Form can be typed or hand written, should be completed using **BLACK INK**. Applicants will be assessed only on the information provided in the Application Form. **Curriculum Vitae must not be submitted with your application**. Failure to fully complete the Application Form may cause your Application to be rejected. **Canvassing Will Disqualify**.

Job applied for

**1. Personal Details**

Last name

First names

Title (Mr, Mrs, Ms, etc)

Home  
Address

Post Code

National Insurance No:

Telephone

Home

Work

Mobile

May we contact you at work ?

 Yes  No

Email Address

**Completed applications forms MUST be received not later than 4.00pm on**Applications received after the above time and date **WILL NOT** be considered.

Please return this form to: The Monitoring Officer  
Ulster Independent clinic  
245 Stranmillis Road  
Belfast  
BT9 5JH

## 2. Education / Qualifications

A. Please give full particulars of any relevant qualifications required for the role in accordance with the person specification.

Level Attained	Subject Passed	Grade

B. Please specify any professional qualifications or membership obtained which are relevant to the role, including dates awarded.

Name of Professional Body / State Registration	Part No With Date & Result	Final With Date & Result	Registration No Enrolment / Pin	Expiry Date	Examinations Yet To Taken

C. Additional Qualifications, Training and Apprenticeships relevant to this post (with dates) including any in progress.

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### 3. *Employment History Present Post*

Name and Address of Present Employer

Date Appointed

Job Title

Present Salary

Principal Duties of Present Post

Notice Req:

### 4. *Employment History Previous Posts*

Please list all your work history over the last 15 years BEGINNING WITH THE MOST RECENT POSITION. If work is in a voluntary capacity please indicate. A continuation sheet may be attached if necessary.

Dates From To Years & Months	Name and Address of Employer	Post held and brief outline of main duties

## **5. Meeting the Criteria in the Person Specification**

Applicants must indicate how they fulfil each of the criteria contained in the Person Specification. Experience gained outside the workplace may be included. Please continue on a separate sheet if necessary.

## 6. Additional Information

**A.** You must have the legal right to work in the UK and in line with its legal obligations Ulster Independent Clinic will carry out Right to Work documentation checks prior to appointment. This will include checking documentation for those with Settled or Pre Settled status under the EU Settlement Scheme. Please note that whilst we welcome all applications regardless of national origin we do not hold a UK Home Office Sponsor Licence and we are therefore unable to sponsor applicants under the new UK Home Office points based immigration process.

**B.** Please provide brief details and approximate dates of any periods of sickness over the past two years.

**C. Do you have a medical condition which may affect your performance in the job?**  Yes  No

If Yes please give details of the condition and any adjustments you would need us to consider.

## 7. Policy on the Recruitment of Ex-Offenders

Due to the nature of our work. All successful applicants will be subject to Access NI vetting. Having a criminal record will not necessarily be a bar to applicant obtaining a position as each situation will be judged on its own merits. Unprejudiced consideration will be given to candidates who declare criminal conviction(s) unless their offence(s) is/are manifestly incompatible with the post in question.

Applicants can access the Clinic's policy on the recruitment of Ex-Offenders on the Clinic's following web page <https://ulsterindependentclinic.com/jobs/policies>

**Under the Rehabilitation of Offenders (Exceptions) Order NI, 1979, The Ulster Independent Clinic is included in the list of exempted employments. As such, any criminal conviction may never be regarded as spent and must be disclosed when applying for a post.**

IT IS THEREFORE NECESSARY TO ASK THE QUESTION:-

**Have you ever been convicted of any criminal offence?**  Yes  No

If yes please provide brief details

Positions within the Clinic which involves direct patient care are classified as regulated. It is therefore necessary to ask the question.

Yes  No

Is there any reason why you cannot or may not be able to work in Regulated Activity?

If Yes please give details below.

Failure to disclose such information as detailed above will result in dismissal.

## References

Please give the names and addresses of two people not related to you from whom references may be sought. We would prefer two work related references but as a minimum, one of these must be your present or past employer who has knowledge of you in a work situation.

### Reference 1

Name:

Address:

Email address:

Tel No:

Occupation:

### Reference 2

Name:

Address:

Email address:

Tel No:

Occupation:

If you have not named your current employer (or if unemployed your previous) please state why

**Please note that references will only be sought after offering you a role which will initially be offered subject to two satisfactory references.**

I hereby declare that to the best of my knowledge the above information is true and accurate.

I hereby understand and consent to my data being processed in accordance with Data Protection Legislation.

Signature:

Date:

**NOTE A CANDIDATE FOUND TO HAVE KNOWINGLY GIVEN FALSE INFORMATION OR TO HAVE EILFULLY SUPRESSED ANY MATERIAL FACT. MAY LIABLE TO DISQUALIFICATION OR, IF APPOINTED, TO DISMISSAL**

Please ensure that you complete in full the attached monitoring questionnaire. Failure to do so may result in your application being rejected

# Private & Confidential

Ref No:

## Equal opportunities statement

The Ulster Independent Clinic will seek to ensure that anyone working on their behalf is given equal opportunities. It is committed to equality of opportunity in its policies. The aim is to promote equality of opportunity so that no one working on their behalf is subject to unlawful or unfair discrimination on the grounds of age, marital status, having or not having dependents, race, disability, religious belief or political opinion, sex or sexual orientation. The Ulster Independent Clinic will seek to ensure that no applicant is disadvantaged by conditions or requirements which cannot be justified.

In order to help us monitor the effectiveness of its Equal Opportunities Employment Policy (and for no other reason) all applicants are asked to provide the information requested below. This information is confidential. It will not be taken into account during the application process or when making the appointment.

Gender:  Male  Female

Date Of Birth

## Please tick the appropriate box to indicate your religious background

Roman Catholic

Protestant

Neither

Do you consider you have a disability  Yes  No

If yes, please tick which category you think best describes your disability

Dyslexia

Wheelchair user / other mobility difficulties

Deaf or hearing impairment

Blind or partially sighted

Personal care support

Mental health disability

An unseen disability: diabetes, epilepsy, asthma

Multiple disabilities

Other disability (please specify below)

What is your ethnic group? Choose one from A to E, then tick the appropriate box to indicate your cultural background.

### A White

British

Irish

Any other white background (specify)

### B Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background (specify)

### C Black or Black British

Caribbean

African

Any other Black background (specify)

### D Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (specify)

### E Chinese or other ethnic group

Chinese

Any other background (specify)