



# London Bridge Hospital

HEALTHCARE EXCELLENCE

**JOB DETAILS/APPLICATION PROCESS.**

**HCA Recruitment**

**Submission for Specialist/Plastic Surgery**

**Job Ref: HCA-LBH.UK-RC/MD-OCT-16**

**Company-London Bridge Hospital**

*We are an equal opportunities employer. We respect the diverse experience and talents that every individual brings to our company and to ensure we treat everyone fairly, we need to collect the following information. Your answers will be saved separately to your application. This section is confidential and anonymous. It will never be used in the selection process for any job. We are an equal opportunities employer. We respect the diverse experience and talents that every individual brings to our company and to ensure we treat everyone fairly, we need to collect the following information.*

**PERSONAL INFORMATION**

Title Required

Mr. .... Mrs..... Ms. ....

First Name.....

Last Name.....

Other (s) .....

**CONTACT INFORMATION**

Email Address.....

Alternative Email.....

Phone (Home) ..... Enter your area code and phone number (e.g. +44 0121 234 5678)

Phone (Mobile) \*Required.....Enter your area code and phone number (e.g. +44 0121 234 5678)

Phone (Work) ..... Enter your area code and phone number (e.g. +44 0121 234 5678)

Street.....

Street 2.....

City\* Required.....

Post Code \*Required.....

Country.....

Region.....

**RIGHT TO WORK STATUS**

**Submission for Specialist/Plastic Surgery - Questionnaire 1**

Do you require Sponsorship before you can live and work in the UK? \*Required.....

Professional Membership / Registration Information (If applicable).....

Issuing Body.....

Registration Number.....

Expiry Date.....

Availability.....

Preferred Contract (Full time/Locum).....

**Declarations Rehabilitation of Offenders Act 1974**

*Because of the nature of the work for which you are applying, the post is exempt from the provisions of Section 4 (2) of the above Act and all applicants who are offered employment will be subject to a Disclosure & Barring Service check before the appointment is confirmed.*

*The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website.*

-Do you have any unspent convictions, cautions, reprimands or warnings? \*Required .....

-Has your name been added to the Independent Safeguarding Authority Register? \*Required.....

**PROFESSIONAL CONDUCT**

-Have you been subject to any investigation into your professional conduct by any licensing, regulatory or professional body in the UK or any other country where the outcome was adverse? \*Required.....

-Have you been removed, contingently removed or suspended from, refused admission to, or conditionally included in any list or equivalent list kept by a PCT, NHS Trust or equivalent professional or regulatory body, or are currently suspended from such a list in the UK or any other country? \*Required.....

-Are you currently the subject of any investigation by any professional organization in the UK or any other country, which might lead to your removal from any of their lists? \*Required.....

-If you have answered **YES** to any of the above questions please provide us with further details here. Any information supplied will remain confidential and will be considered only in relation to your application for this post.

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Do you agree to inform HCA International immediately if any investigation should be initiated that may have a bearing on your suitability for this post? \*Required.....

***This part of Questionnaire is optional***

**Your answers will be saved separately to your application. This section is confidential and anonymous. It will never be used in the selection process for any job.**

I would describe my cultural and ethnic origin as? .....

Religion.....

My gender is? .....

Would you classify yourself as having a long term disability, physical or mental impairment? .....

My age is? .....

**Affirmation: By submitting this application I am agreeing to the following statement:**

***I .....confirm that the information given on this form is, to the best of my knowledge and belief, true and complete. I understand that HCA International is not legally allowed to employ persons to work with vulnerable adults or children who are deemed 'not fit'.***

***If any of the information I have given is found to be false or misleading, HCA International can withdraw their offer of employment to me, or cancel their agreement with me. I understand that if this is discovered at a later date, I may be dismissed.***

***Signature/Date.....***