

**Medical Discipline Specific PAG/PLDP Member – Employed for
Tax Purposes (EFTP)**

Application

CONFIDENTIAL

Thank you for your interest. If you wish your application to be considered you must return your completed application **via email by 5 pm** on **[date]** to Emma Hermansen, emma.hermansen@nhs.net

NHS England is committed to ensuring that all appointments are made in a way that is open, transparent and fair to all applicants. All appointments are made on merit.

PLEASE COMPLETE THE FORM BELOW

Personal details

Surname		
First name		
Title		
Home address		
County		
Postcode		
Home contacts	Home Phone	Mobile
	Email address	

Please indicate your professional background	
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NHS or other Department of Health posts held

Have you held any positions within the NHS or Department of Health, either employment or consultancy in the past 3 years?

No Yes

If yes, please give details

Organisation	Post	Dates

Declaration of interests

Do you have any professional, business or personal interests that might be relevant to the job role for which you have applied and which could lead to a real or perceived conflict of interests were you to be appointed? (Failure to disclose such information could result in an appointment being terminated.)

No Yes

If yes, please give details

Ensuring public confidence

Should you be successful in your application, is there anything about your professional or personal history which, if brought into the public domain, may cause embarrassment or disrepute to the organisation. Failure to disclose such information could result in an appointment being terminated.

No Yes

If yes, please give details below including dates:

Cautions, warnings and/or convictions

Have you been convicted of a criminal offence, been bound over or cautioned, or are you currently the subject of any police investigations which might lead to a conviction, an order binding you over, or a caution in the UK or any other country? Failure to disclose such information could result in an appointment being terminated.

No Yes

If yes, please give details below including dates:

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References

Please give details of two referees who will support your application, at least one of whom must be from a “line management capacity” related to your most recent professional and / or voluntary activity. If you are invited to interview we may contact them at this stage. An appointment will not be offered until we have received satisfactory references.

Name		Name	
Mobile		Mobile	
E-mail		E-mail	
Relationship		Relationship	

Skills and Knowledge

The Role Outline gives details of the particular skills and experience sought. Please read this information carefully before completing this section of your application. This is important, as the selection will be based on the extent to which you have demonstrated the expertise required. The people who best demonstrate the experience required for the post will be invited for interview.

Supporting Information: Please provide a summary of your knowledge and skills to demonstrate that you meet the criteria in the role competencies detailed in the Role Outline.

[Empty rectangular box for application content]

Declaration

To the best of my knowledge and belief, the information given in this form is complete and correct. I have considered and understood any criteria for disqualification from appointment and I am not disqualified. I understand that if I am appointed and any of the information I have provided is subsequently found to be untrue then my appointment may be terminated. I confirm and accept these conditions.

No

Yes

Signature

Date