

Application for BBOLMC Medical Director

To avoid bias and prejudice, this is a standardised application form that all applicants will be asked to complete.
Some of the questions may not be relevant to your situation. Please write N/A in these circumstances.
If you wish, you may submit a CV as a supplement, but all sections of this form must be completed in full.

DATA PROTECTION ACT 1998

The information you provide in this application form will be entered into a manual recruitment filing system.

The data will be used to assess your suitability to join BBOLMC.

BBOLMC is committed to compliance with the Data Protection Act 1998.

Personal Details

Surname/Family name	Surname at birth/previous surnames (if different)
Forename(s)	Title (Mr, Ms, Mrs, Miss, Dr)
Current address	
Postcode	Home Tel Number
Other Telephone numbers (including area code)	
Mobile	Work (optional)
Email address	
National Insurance number:	

WORK HISTORY

Please list your positions since qualifying as a doctor.
BBOLMC reserves the right to contact your current and past colleagues (or employers) for informal references.
Please account for any gaps in employment.

Present or most recent position

Name and address of organisation:	
Position held:	
Date started:	
Date left:	
Reason for leaving:	
Who is your referee here?	
May we contact this referee now?	YES/NO (delete as appropriate)

Previous Positions

Please start with the most recent. (Continue on a separate sheet if necessary and attach to this page)

Position held:	
Address:	
Date started:	
Date left:	
Reason for leaving:	

Position held:	
Address:	
Date started:	
Date left:	
Reason for leaving:	

Courses and other relevant education or experience

Description

Date

DISABILITY

BBOLMC is covered by the Disability Discrimination Act 1995 which makes it unlawful to discriminate against a disabled person in all areas of employment

If you have a disability, we will make adjustments where it is reasonable to do so.
Disability is defined as 'a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'.

Do you have a disability (including conditions such as dyslexia) you wish us to know about at this stage?	YES/NO
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Please provide any relevant information about your disability and details of any reasonable adjustment you think you may be needed to undertake the assessment process and the role of a Medical Director.

Give details in this box

HEALTH

How much absence for sickness have you had in each of the past 2 full years? Year 1 Year 2
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If you are successful in your application, you will be invited to ask your GP to sign a copy of the medical questionnaire. You may also be asked to undertake a medical examination.

ELIGIBILITY TO WORK IN THE UK

What is your nationality?	
If a Commonwealth citizen or a foreign national is your stay in the UK free of restrictions?	N/A/YES/NO
If a Commonwealth citizen or a foreign national, you must include a copy of your passport which shows that your stay in the UK is free of restrictions. Photocopy of passport enclosed?	N/A/YES/NO

DRIVING

Do you hold a current driving licence?	YES/NO (delete as appropriate)
Is it FULL or PROVISIONAL?	FULL/PROVISIONAL (delete as appropriate)

How did you find out about this vacancy? (Please tick)

BMJ

BMJ website

BBOLMC email

BBOLMC web-site

Other (please specify)

DECLARATION

I declare that all the statements I have made in this application are true to the best of my knowledge and belief and that no relevant information has been withheld.

I understand that:

- Any offer of appointment will be subject to
 - satisfactory references
 - a satisfactory medical questionnaire
 - agreement on terms and conditions.
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- The information I have provided may be held on manual filing and computer systems as part of the recruitment process.

Signature:

Date: