

**Application Form (Ost)**

Applicants may attach a statement/CV in support of their application, but CVs will not be accepted without a completed application form.

The completed form should be returned to [HR@eso.ac.uk](mailto:HR@eso.ac.uk).

**Part 1 - Post**

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| **Post applied for** |  |
| **Where did you see the advertisement?** |  |

**Part 2 – Personal Details**

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| --- | --- | --- | --- |
| **Surname:** |  | **Forename(s):** |  |
| **Title:** |  | **Tel No:** |  |
| **Address:** |  | **Mobile No:** |  |
| **Email Address:** |  |
| **Nationality:** |  | | |

**Part 3 – Eligibility to work in the UK**

Employment Legislation in the UK requires all applicants to provide relevant evidence of eligibility to work in the UK. If your application is successful, you will be asked to provide hard copies of your evidence prior to commencing employment.

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| **Are there any restrictions on your continued residence or employment in the UK?** | **Yes/No** |
| **If Yes, please give details:** | |
| **Are you a work permit holder in UK?** | **Yes/No** |
| **If Yes, type of Work Permit/Visa:** | |
| **Issue date of your Work Permit/Visa:** |  |
| **Expiry date of your Work Permit/Visa:** |  |

**Part 4 – Education & Training**

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| **Osteopathic Education** |  |  |
| **Where did you study?** | **Dates** | **Qualification awarded including grade & subjects (include classification details e.g. Honors)** |
|  |  |  |
| **Other Education (Post 18 yrs of age)**  Please list below further/higher educational qualifications including undergraduate and postgraduate degrees, diplomas, evening and correspondence courses. Include ongoing course details (if applicable) | | |
| **College/University** | **Dates** | **Qualification awarded including grade & subjects (include classification details e.g. Honors)** |
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| **Professional Training (Please give details of relevant postgraduate training, staff development activities, consultancy, research projects undertaken and/or papers published).**  **Publication Details:** Applicants for academic and research positions are required to attach a separate sheet that gives details of their research publications (title, date of each publication and details of the publications) and include details of research interests) | |
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| **Membership of professional bodies/institutions** | | |
| **Professional body/Institution** | **Registration/Membership No.** | **Date of Membership/ registration** |
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**Part 5 - Relevant experience/skills**

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| **Please use this space to give details as to why you would like to be considered for this post. Please also give details of any previous teaching/assisting or tutoring experience you may have within a teaching institution.** |
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**Part 6 - Work History (we are only interested in Osteopathic/teaching roles)**

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| **Present/Most recent employment** (if currently unemployed please mention it below) | | | | | |
| **Practice details (include name and address)** | **From**  **(Date)** | **To**  **(Date)** | **Job title/Position held** | **Owned Practice or Associate** | **Reason for leaving** |
|  |  |  |  |  |  |
| **Summary of duties and main achievements or subject taught/courses assisted on (indicating level)** |  | | | | |
| **Notice Period required** |  | | | **Current Salary** |  |
| **Previous Employment** (continue on a separate sheet if necessary) | | | | | |
| **Practice details (include name and address)** | **From**  **(Date)** | **To**  **(Date)** | **Summary of duties and main achievements or subject taught/courses assisted on (indicating level)** | **Owned Practice or Associate** | **Reason for leaving** |
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**Part 7 -** **Other information**

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| **Convictions - Have you ever been convicted of a criminal offence? As this post is one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 both spent and unspent convictions must be declared** |  |
| **Are there any reasonable adjustments you would like us to consider to the role or application process to help you manage a disability? Please contact us to notify us of these.** |  |

**Part 8 - Statement in support of your application**

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| **Please describe the extent to which you match the requirements of the person specification (see Job Description of the position). You may include any further information you feel will be relevant to your application.** |
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**Part 9 - References (external applicants only)**

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| **Please give the name, address and contact details for two referees – either two professional (including current/most recent employer) or one professional and one personal. Please note that we will only contact your referees once a job offer has been made.** | | | |
| **First Referee** | | **Second Referee** | |
| **Name:** |  | **Name:** |  |
| **Address** |  | **Address** |  |
| **How do you know this person?** |  | **How do you know this person?** |  |
| **Tel:** |  | **Tel:** |  |
| **Email** |  | **Email** |  |

**Part 10 - Declaration**

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| In accordance with the Data Protection Act 2018, the information provided on this form and any attached supporting document(s) will be used in the recruitment and selection process and the HR department will ensure that the information provided is not passed to anyone who is not authorised to see it. It will also form the basis of the confidential personnel record of the successful candidate and in case you are unsuccessful the Application Form will be destroyed after six months.  I hereby declare that to the best of my knowledge, all the information given by me on this form and any attached supporting document(s) is true and correct. I confirm that I do not object to the information collected on this form being used by the BCNO Group in the recruitment and selection process and equal opportunities monitoring in respect of job applications. I understand that any false information could result in the disqualification of my application or dismissal if appointed. I will inform the BCNO Group immediately of any change in my circumstances (e.g. convictions) that may affect the recruitment and selection process. | | | | |
| **Signed** |  | | **Date** |  |
| **Print Name**  **(BLOCK**  **CAPITALS)** | |  | | |
| **Thank you for your application** | | | | |