

**HEALTH EDUCATION ENGLAND**

**For Office Use Only**

Online Reference Number:

DTFT:

**SOUTHWEST DEANERY**

DENTAL THERAPIST FOUNDATION TRAINING SCHEME 2020-2021

**APPLICATION FORM**

Please fill in the application form below. Do not type using only capital letters and please remember to check it carefully as once the form has been submitted it cannot be changed.

Applications for this post open at **09:00 hrs** on **Monday 10th February 2020.**

Applications for this post should be made using this application form. The form should be fully completed and sent as an attachment to: [Anastasia.stanton@hee.nhs.uk](mailto:Anastasia.stanton@hee.nhs.uk)

Applications forms not fully completed will not be accepted and will not enter the shortlisting process.

**Please be aware that we reserve the right to call to interview the first 24 eligible applicants who meet the criteria set out in the job description and person specification. If you intend to apply for these posts, you are therefore advised not to delay submitting your completed application.**

Closing date for applications is **midday** on **Monday 2nd March 2020** however we reserve the right to close applications prior to the advertised closing date.

Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.

Details held in this part of the form will be held in the HR systems of the recruiting organisation. Access to this information will be withheld from the shortlisting panel.

|  |  |
| --- | --- |
| Post Reference Number | **Southwest DTFT 2020-21** |
| Post Title | **Dental Therapist Foundation Trainee** |

PART 1:

**PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *If you are currently a dental hygiene/therapy student, please indicate which school you are training at* |  | | | |
| Title |  | | | |
| \*Surname / Family Name |  | | | |
| \*First Names |  | | | |
| Name in which you are registered with a professional body (if applicable) |  | | | |
| UK National Insurance No |  | | | |
| Address |  | | | |
| \*Postcode |  | | | |
| \*Country |  | | | |
| Home Telephone |  | | | |
| \*Mobile Phone |  | | | |
| Preferred Telephone Number |  | **Home** |  | **Mobile** |
| \*Email Address (**MUST** be accessible after 1st September 2020) |  | | | |

|  |  |
| --- | --- |
| Are you a United Kingdom (UK) / European Community (EC) or European Economic Area (EEA) National? | |
|  | |
| If you have answered ‘NO’ above, you must answer these questions: | |
| Please select the category that relates to your current immigration status. This status will be subject to checking before interview. | |
|  | *Other: Please specify below:* |
|  |
| Does your Visa have a condition restricting employment or occupation in the UK? \* | |
|  | |
| Please supply details of any Visa currently held: | |
| Visa No: |  |
| Start Date: |  |
| Expiry Date: |  |
| Details of any restrictions: |  |

PART 2:

Details entered in this part of the form will be held within HR systems of the recruiting organisation and will be made available to the short-listing panel.

|  |  |
| --- | --- |
| Post Reference Number | **Southwest DTFT 2020-21** |
| Post Title | **Dental Therapist Foundation Trainee** |
| Online Reference Number (office use only) | **DTFT:** |

**Eligibility**

|  |  |  |  |
| --- | --- | --- | --- |
| The scheme start date is **Tuesday 1st September 2020**. This date is non-negotiable, and all successful applications will be expected to be available to start on this date.  If you are successful at interview will you be able to start the scheme on the **1st September 2020**? | | | |
|  | **YES** |  | **NO** |

PART 3:

**Education & Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Please list all relevant academic qualifications in reverse order. All qualifications disclosed will be subject to a satisfactory check. | | | |
| **Subject / Qualification** | **Place of Study** | **Grade / Result** | **Year Obtained** |
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**Training Courses Attended**

|  |  |  |  |
| --- | --- | --- | --- |
| Details of courses that you are currently undertaking, together with expected date of completion. | | | |
| **Course Title** | **Training Provider** | **Duration** | **Expected date of Completion** |
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**Membership of Professional Bodies**

Please list any relevant professional registrations or memberships. If you are registered, then please enter the relevant details below; this information will be subject to a satisfactory check.

|  |
| --- |
| Please indicate your UK Professional Registration status\*. |
| I do not have the relevant UK professional registration status  I have current UK professional registration  UK professional registration required and applied for  UK professional registration required but not yet applied for  I am a student  Not required for this post |

|  |  |  |  |
| --- | --- | --- | --- |
| If you are registered, then please enter the relevant details below: | | | |
| **Professional Body** | **Membership or Registration type** | **Membership / Registration No** | **Expiry / Renewal Date** |
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| --- | --- | --- |
| Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country? |  | **YES** |
|  | **NO** |
| Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country? |  | **YES** |
|  | **NO** |

|  |
| --- |
| If applicable, please provide details of any conditions / restrictions you may have: |
|  |

PART 4:

**Employment History**

Please record below the details of your current or most recent employer

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Type of Business |  | Telephone | 07796445929 |
| Job Title |  | | |
| Start Date |  | End Date |  |
| Start of continuous NHS service (if applicable) | | |  |
| Grade |  | Salary |  |
| Report to (job title) |  | Period of notice |  |

|  |
| --- |
| Reason for leaving (if applicable) |
|  |

|  |
| --- |
| Description of your duties and responsibilities |
|  |

**Previous Employer 2**

Please record below the details of all your previous employment, beginning with the most recent first. Up to 3 previous employments can be entered here.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Job Title |  | Grade |  |
| Start Date |  | End Date |  |

|  |
| --- |
| Reason for Leaving |
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|  |
| --- |
| Description of your duties and responsibilities |
|  |

**Previous Employer 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  | | |
| Address |  | | |
| Job Title |  | Grade |  |
| Start Date |  | End Date |  |

|  |
| --- |
| Reason for Leaving |
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| --- |
| Description of your duties and responsibilities |
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| If you have any gaps within your employment history, please state the reasons for the gaps below. |
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PART 5:

**References**

Please provide the names and full contact details of the people who have agreed to supply references.

Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line / department manager or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee, this should include the head of school and a teacher / tutor at your education institution.

Where possible, references should cover a minimum period of three years employment and / or training history.

Please note that all reference requests will be followed up and verified through the organisation’s human resources department or other relevant recruitment function.

Referees may be approached prior to interview, unless you indicate otherwise below. References will be supplied to the training practice prior to start date.

**Referee 1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Reference |  | Employer | | |  | | | Educational | |
| Title |  | | | | | | | | |
| \*Surname/Family Name |  | | | First Name | | |  | | |
| Relationship | |  | | | | | | | | |
| Job Title | |  | | | | | | | | |
| \*Address | |  | | | | | | | | |
| \*Postcode/Zip code | |  | | | | | | | | |
| Telephone |  | | | \*Country | | |  | | |
| \*Email | |  | | | | | | | | |
| \*Can the referee be contacted prior to interview? | |  | | **YES** | | |  | | | **NO** |

**Referee 2**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Reference |  | Employer | | |  | | | Educational | |
| Title |  | | | | | | | | |
| \*Surname/Family Name |  | | | First Name | | |  | | |
| Relationship | |  | | | | | | | | |
| Job Title | |  | | | | | | | | |
| \*Address | |  | | | | | | | | |
| \*Postcode/Zip code | |  | | | | | | | | |
| Telephone |  | | | \*Country | | |  | | |
| \*Email | |  | | | | | | | | |
| \*Can the referee be contacted prior to interview? | |  | | **YES** | | |  | | | **NO** |

**PART 6:**

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is interviewing you.

**Declarations**

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

|  |  |
| --- | --- |
| I agree to the above declaration | |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| How did you hear about this post? | |
| NHS Website  Search Engine  Other Website  Training Establishment | Professional Association  Tutor  Friend  Other |

**PART 7:**

**MONITORING INFORMATION**

NHS organisations recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore, a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.

This section of the application form will be detached from your application and will not be used a part of the selection process nor will it be seen by anybody who is interviewing you. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act 2010.

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

|  |  |
| --- | --- |
| \* Please state your date of birth |  |
| \* Please indicate your gender | Male  Female  I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects people who are married or in a civil partnership

|  |  |
| --- | --- |
| \* Please indicate the option which best describes your marital status | |
| Married  Single  Civil Partnership  Legally separated | Divorced  Widowed  I do not wish to disclose tis |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

|  |  |  |
| --- | --- | --- |
| \* Please indicate your ethnic origin | | |
| **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Any other Asian Background  **Black or Black British**  African  Caribbean  Any other Black background | **Mixed**  White & Asian  White & Black African  White & Black Caribbean  Any other mixed background  **White**  British  Irish  Any other White background | **Other Ethnic Group**  Chinese  Any other ethnic  I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

|  |  |
| --- | --- |
| \* Please indicate the option which best describes your sexual orientation | |
| Lesbian  Gay  Bisexual | Heterosexual  I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

|  |  |  |
| --- | --- | --- |
| \* Please indicate your religion or belief | | |
| Atheism  Buddhism  Christianity  Hinduism | Islam  Jainism  Judaism  Sikhism | Other  I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects disabled people – including those with long term health conditions, learning disabilities and so called “hidden” disabilities such as dyslexia. If you tell us that you have a disability, we can make reasonable adjustments to ensure that any selection processes – including the interview – are fair and equitable.

|  |  |  |
| --- | --- | --- |
| \* Do you consider yourself to have a disability | Yes  No  I do not wish to disclose this | |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment; in which case you may indicate more than one. If none of the categories apply, please mark ‘other’. | | |
| Physical Impairment  Sensory Impairment  Mental Health Condition | | Learning Disability / Difficulty  Long-standing illness  Other |
| If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification? | | |
| YES NO | | |

**Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become ‘spent’. During the rehabilitation period, convictions are referred to as ‘unspent’ convictions and must be declared to employers.

The NHS aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion or belief, disability, sexual orientation and age. The NHS undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

If you are applying for a post involving access to persons in receipt of health services, your offer of employment may be subject to a satisfactory criminal record check. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Individuals applying for positions which involve ‘regulated activity’ are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults.

The full definition of ‘regulated activity’ is defined in the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012 which came into force on 10 September 2012.

|  |
| --- |
| Are you currently bound over, or do you have any unspent convictions issued by a Court or Court Martial in the UK or any other country? |
| YES NO |
| If yes, please supply details below: |
|  |

**Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975**

To protect certain vulnerable groups within society, there are several posts within the NHS that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (as amended). As the post you have applied for falls within this category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Applicants for such posts are not entitled to withhold any information about convictions or other relevant criminal record information which for other purposes are ‘spent’ under the provisions of the Act. If you are successful with this application, any failure to disclose such information could result in dismissal or disciplinary action. Any information provided will be confidential and will be considered only in relation to posts to which the Order applies.

All individuals applying for positions which involve ‘regulated activity’ are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults.

The full definition of ‘regulated activity’ is defined in full under the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012) which came into force on 10 September 2012.

|  |
| --- |
| Are you currently bound over, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country? |
| YES  NO |
| If YES, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court and the date and place of the Court hearing. Please note: you do not need to tell us about parking offences. |
|  |
| Are you currently bound by any barring decision made by the Independent Safeguarding Authority (ISA) from working with children? |
| YES  NO |
| Are you currently bound by any barring decision made by the Independent Safeguarding Authority (ISA) from working with vulnerable adults? |
| YES  NO |

**Relationships**

|  |
| --- |
| If you are related to a Director or have a relationship with a Director or employee of an appointing organisation, please state the relationship: |
|  |

|  |
| --- |
| Please ensure you have completed all sections prior to submitting your application  Applications to be submitted to [Anastasia.stanton@hee.nhs.uk](mailto:Anastasia.stanton@hee.nhs.uk) in WORD format or PDF |