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| **Application Form 2021-22** | | | | | | | | | | | | | | | | |
| **Position applied for** | | | | **Location** | | | | | | | | | | **Closing Date** | | |
| Dental Therapist Foundation Trainee | | | | Yorkshire and the Humber | | | | | | | | | | 31/04/21 | | |
| **Section A: Personal details** | | | | | | | | | | | | | | | | |
| **Title** | **First name (s)** | | | | | | | | | **Last name** | | | | | | |
|  |  | | | | | | | | |  | | | | | | |
| **If previously known by another name, please specify** | | | **GDC Number (if registered)** | | | **Email address** | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | |
| **Address** | | **Telephone number** | | | | | | | | | | **Mobile** | | | | |
|  | |  | | | | | | | | | |  | | | | |
| **Have you undertaken training in Basic Life Support in the last 12 months?** | | | | | YES | | NO | | **Date of training** | | | |  | | | |
| **Where did you hear about the Dental Therapist Foundation Training scheme?** | | | | | | | |  | | | | | | | | |
| **Section B: Immigration status** | | | | | | | | | | | | | | | | |
| **PLEASE COMPLETE THIS SECTION FULLY- FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING REJECTED** | | | | | | | | | | | | | | | | |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) national? | | | | | | | | | | | | | | | YES | NO |
| If not, do you have evidence of entitlement to enter and work permanently in the United Kingdom (UK) i.e. Settled status? | | | | | | | | | | | | | | | YES | NO |
| **If you have indicated no to both of the above sections please tick those boxes that relate to your immigration status as at this application date.** | | | | | | | | | | | | | | | | |
| Status | | | | | | | | | | | Start date | | | | Expiry Date | |
| Highly skilled migrant programme (date of endorsement stamp on passport) | | | | | | | | | | |  | | | |  | |
| Permit free training | | | | | | | | | | |  | | | |  | |
| Refugee | | | | | | | | | | |  | | | |  | |
| Work permit | | | | | | | | | | |  | | | |  | |
| Any other? (please specify) | | | | | | | | | | | | | | |  | |
| Residence permit (please attach a copy of your residence permit) | | | | | | | | | | |  | | | |  | |

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| **Section C: Professional qualifications** | | | | | | |
| **PLEASE ADD DETAILS OF YOUR DENTAL HYGIENE AND DENTAL THERAPY QUALIFICATION, OR ANY QUALIFICATIONS PENDING** | | | | | | |
| Qualification title | | Awarding Institution | | Date awarded or expected | | Grade/Class |
|  | |  | |  | |  |
|  | |  | |  | |  |
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| **Section D: Academic achievements** | | | | | | |
| **PLEASE ADD DETAILS OF ANY UNDERGRADUATE PRIZES OR ANY OTHER ACADEMIC DISTINCTIONS OR PUBLICATIONS** | | | | | | |
| Award title | | Description | | Awarding institution | | Date awarded |
|  | |  | |  | |  |
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| **Section E: Previous employment** | | | | | | |
| **PLEASE ADD DETAILS BELOW ABOUT YOUR PREVIOUS EMPLOYMENT, STARTING WITH YOUR CURRENT/MOST RECENT JOB** | | | | | | |
| 1. Employer’s name | | | Address | | | |
|  | | |  | | | |
| Telephone number | Job Title | | Start Date | | End date | |
|  |  | |  | |  | |
| Description of role | | | | | | |
|  | | | | | | |
| 2. Employer’s name | | | Address | | | |
|  | | |  | | | |
| Telephone number | Job Title | | Start Date | | End date | |
|  |  | |  | |  | |
| Description of role | | | | | | |
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| **CONTINUE ON A SEPARATE SHEET IF NECESSARY** | | | | | | |

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| **Section F: Supporting statement** | | | |
| **PLEASE COMPLETE A PERSONAL STATEMENT BELOW IN APPROXIMATELY 500 WORDS** | | | |
| **Your statement should:**   * **Outline your reasons for applying to DTFT in Yorkshire and the Humber** * **Describe the relevant skills that make you a good applicant for DTFT** | | | |
|  | | | |
| **Section G: References** | | | |
| **PLEASE PROVIDE DETAILS BELOW OF TWO REFEREES**  **PLEASE NOTE: REFEREE 1 MUST BE YOUR PRINCIPAL TUTOR AT UNIVERSITY OR YOUR CURRENT EMPLOYER IF WORKING IN A DENTAL PRACTICE** | | | |
| **Referee 1:** | | | |
| Name of referee | Address | | Telephone |
|  |  | |  |
| Relationship to you | | Email address | |
|  | |  | |
| **Referee 2:** | | | |
| Name of referee | Address | | Telephone |
|  |  | |  |
| Relationship to you | | Email address | |
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| **Section H: Fitness to Practice & Criminal Investigations Declaration** | | | | | |
| **Health Education England 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, disability, sexual orientation or age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared.**  **Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe has a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be considered. In that event, you still remain free, should you wish, to discuss the matter with the interviewing panel. As part of assessing your application, we will only consider relevant criminal record and other information declared.**  **The Data Protection Act 2018 requires us to provide you with certain information and to obtain your consent before processing sensitive data about you. Processing includes: obtaining, recording, holding, disclosing destruction and retaining information. Sensitive personal data includes any of the following information: criminal offences, criminal convictions, criminal proceedings, disposal or sentence.**  **The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 2018. It will be used for the purpose of determining your application for this position. It will also be used for purposes for enquiries in relation to the prevention and detection of fraud. Once a decision has been made concerning your appointment, we will not retain this Declaration Form longer than is necessary (i.e. until you leave your post/programme or the recruitment episode is closed).**  **This Declaration Form will be kept securely and in confidence, and access to it will be restricted to designated persons within the Medical Personnel Department of the Health Education England Yorkshire and the Humber; and other persons who need to see it as part of the selection process and who are authorised to do so. The information may be passed to your employing trusts.** | | | | | |
| **Before you can be considered for appointment in a position of trust as a trainee on a Health education England Yorkshire and Humber programme, we need to be satisfied about your character and suitability.**  **It is vitally important that you read, understand and answer the questions asked in this section-please read the accompanying notes carefully before completing this Declaration Form.** | | | | | |
| **The position for which you have applied is exempted from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal conviction, including those that would otherwise be considered ‘spent’.**  **Answering YES to any of the questions below will not necessarily bar you from appointment. This will depend on the nature of the position for which you are applying and the particular circumstances.** | | | | | |
| **PLEASE INDICATE BELOW AS APPROPRIATE** | | | | | |
| 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? (You do not need to tell us about parking offences) | | | | YES | NO |
| Have you ever received a police caution, reprimand or final warning? | | | | YES | NO |
| Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?  **Please note:** you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. You do not need to tell us if you are charged with a parking offence. | | | | YES | NO |
| Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you? | | | | YES | NO |
| Are you aware of any current NHS Counter Fraud and Security Management Service investigation following allegations made against you? | | | | YES | NO |
| Have you ever been investigated by the Police, CFSMS or any other Investigatory Body resulting in a caution, conviction or dismissal from your employment?  (Investigatory Bodies include Local Authorities, Customs & Excise, Immigration, Passport Agency, Inland Revenue, Department of Trade & Industry, Bank and Building Societies, General Life Insurance Companies-this list is not exhaustive, and you must declare any investigation conducted by an Investigatory Body) | | | | YES | NO |
| Have you ever been dismissed by reason of misconduct from any employment, office or other position previously held by you? | | | | YES | NO |
| Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations following Fitness to Practice proceedings by a regulatory or licensing body in the United Kingdom or in any other country? | | | | YES | NO |
| Are you currently subject to any investigation or Fitness to Practice proceeding by any licensing or regulatory body in the United Kingdom or any other country? | | | | YES | NO |
| Are you subject to any other prohibition, limitation or restriction that means we are unable to consider you for the position for which you are applying? | | | | Yes | NO |
| **DECLARATION** | | | | | |
| **Have read the ‘Guidance Notes for Applicants’ that accompanied my application form, and I consent to the information provided in this Declaration Form being used by Health Education England Yorkshire and the Humber and the relevant DTFT practices for the purpose of assessing my application, and for enquiries in relation to the prevention and detection of fraud.**  **I confirm that the information that I have provided in this Declaration Form is**  **correct and complete. I understand and accept that if I withhold or provide false or misleading information this may result in my application being rejected, or if I am appointed, in my dismissal and I may be liable to prosecution.** | | | | | |
| **PLEASE SEE ‘GUIDANCE FOR ELECTRONIC SIGNATURE’** | | | | | |
| **Signed** |  | **Date** |  | | |
| **You are reminded that if you are appointed to a training post or programme, you will have a continuing responsibility to inform you employer(s) and the Postgraduate Dean of any new criminal convictions, police investigations or fitness to practice proceedings that arise in the future.** | | | | | |

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| **Section J: Signature** | | | |
| **I understand that employment offered in this training programme is subject to satisfactory medical clearance and subject to the information provided on the application form or any other document being correct.**  **The information you provide will be checked. Inaccuracies may result in your application being rejected and in extreme cases may merit a referral to the General Dental Council.**  **Any false or misleading information provided on this form or any other document may result in any employment being terminated.** | | | |
| **The Data Protection Act 2018 requires us to provide you with certain information and to obtain your consent before processing sensitive data about you. Processing includes: obtaining, recording, holding, disclosing destruction and retaining information.**  **The information that you provide in this Application Form will be processed in accordance with the Data Protection Act 2018, and will be used for recruitment and, if you are successful, will form part of your training record at the HEE.**  **If you are appointed, the information will be passed to your employing trust(s). information relating to your name, contact address, email address, date of birth, GDC registration, speciality, grade and your photograph will be passed to the Department of Health & NHS Employers for the production of an Occupational Health Smartcard.** | | | |
| **I understand and agree that the information provided on this form being entered onto Health Education England Yorkshire and the Humber computer information system and used for legitimate business.** | | | |
| **PLEASE SEE ‘GUIDANCE FOR ELECTRONIC SIGNATURE’** | | | |
| **Signed** |  | **Date** |  |
| **I consent to my details being passed to the Dental Therapist Foundation Programme Team who may wish to contact me regrading recruitment to the Dental Therapist Foundation Training programme.** | | | |
| **Signed** |  | **Date** |  |

**Please complete section K on the next page. This information will not be shown to the short-listing and appointments panel. The information will be retained by Medical Personnel.**

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| **Section K: Equal Opportunities Monitoring Form** |
| NHS employers are committed to equal opportunities. No applicants will be discriminated against on the grounds of colour, race, ethnic origin, nationality, age, disability, gender, sexual orientation, marital status, religion or politics. | |
| We are committed to eliminating unlawful discrimination from employment and selection practices. We will take steps to ensure that employees are recruited, trained and promoted on the basis of ability, the requirements of the job and the need to maintain an efficient and effective service. To monitor this policy, we require the following information which will be used for this purpose by HEEYH. It will form no part of the interviewing process, and will be treated in strict confidence. This sheet will be detached from your application form on receipt. If you are appointed, it will be kept on your training record; otherwise it will be destroyed 6 months after the appointments committee. | |
| **IF YOU DO NOT COMPLETE THIS SECTION OF THE APPLICATION FORM, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE AND WILL NOT BE PUT FORWARD FOR SHORTLISTING.** | |

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| Name: |  | | | | | | | Date of Birth: | | |  | | | | | | Age: | |  | |
| Training Programme: | | | Dental Foundation Training | | | | | | Speciality: | | | | Dental Therapist | | | | | | | |
| Gender: (Please indicate) | | | | Male | Female | | Non-binary | | Prefer not to say | | | | | Gender not listed | | | | | | |
| **Ethnic group** | | | | | | | | | | | | | | | | | | | | |
| **WHITE** | | **MIXED** | | | | **ASIAN/ASIAN BRITISH** | | | **BLACK/BLACK BRITSH** | | | **CHINESE/ OTHER ETHNIC GROUP** | | | | | | | | |
| British | | White & Black Caribbean | | | | Indian | | | Caribbean | | | Chinese | | | | | | | | |
| Irish | | White & Black African | | | | Pakistani | | | African | | | Other | | | | | | | | |
| Other | | White & Asian | | | | Bangladeshi | | | Other | | |  | | | | | | | | |
|  | | Other | | | | Other | | |  | | |  | | | | | | | | |
| If any other ethnic group please specify: | | | | | |  | | | | | | | | | | | | | | |
| **Disability** | | | | | | | | | | | | | | | | | | | | |
| Do you consider yourself to have a disability which is relevant to your application? (Please indicate) | | | | | | | | | | | | | | | | YES | | NO | | |
| If yes, do you want to be considered under the ‘Guaranteed Interview Scheme? | | | | | | | | | | | | N/A | | | | YES | | NO | | |
| Please describe any adaptation you consider an employer should make to accommodate you, if you are appointed, on a separate piece of paper and attach it to this form. Please also let us know if you need any special arrangements to enable you to attend for interview.  I understand and agree to the information provided on this form being entered onto the Yorkshire and the Humber computer information system and used for legitimate business. | | | | | | | | | | | | | | | | | | | | |
| **Signed** | |  | | | | | | | | **Date** | | | | |  | | | | |