

Please **fully** complete this Application Form to apply for a post in the Future Leaders Programme in **NHS England – North East and Yorkshire** (Yorkshire and the Humber). Please do not type/write using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. The form must be fully completed. All questions are mandatory and therefore must be answered.

Future Leaders Programme Application Form

1. Post Applied for

Post Reference	
Post Title	

2. Personal Details

Title	
Family Name / Last Name	
First Name	
Address	
Postcode	
Country	
Home Telephone	
Mobile Telephone	
Work Telephone	
Preferred telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email Address	

3. Right to Work in the UK

Are you a United Kingdom (UK) national?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require visa sponsorship to undertake this post?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Important information for applicants requiring visa sponsorship: Medical, Public Health and dental trainees currently sponsored by Health Education England are eligible to apply. All other applicants requiring a visa are only eligible to apply if their current sponsor agrees to continue their sponsorship for the duration of the programme. For more information about visas, please see gov.uk .

4. Current Employment / Training Post Details

Job Title	
Profession	<input type="checkbox"/> Specialist Registrar (doctor) <input type="checkbox"/> Specialist Registrar (public health) <input type="checkbox"/> Specialist Registrar (dentist) <input type="checkbox"/> SAS Doctor <input type="checkbox"/> SAS Dentist <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician Allied Health Professional: <input type="checkbox"/> Art Therapist <input type="checkbox"/> Dietitian <input type="checkbox"/> Drama Therapist <input type="checkbox"/> Music Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Operating Department Practitioner <input type="checkbox"/> Orthoptist <input type="checkbox"/> Osteopath <input type="checkbox"/> Paramedic <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Podiatrist <input type="checkbox"/> Prosthetist / Orthotist <input type="checkbox"/> Diagnostic / Therapeutic Radiographer <input type="checkbox"/> Speech and Language Therapist Healthcare Scientist: <input type="checkbox"/> Biomedical Scientist <input type="checkbox"/> Clinical Scientist <input type="checkbox"/> Laboratory Technician <input type="checkbox"/> Other Healthcare Scientist role (please state): <input type="checkbox"/> Other profession (please state):
Name of employing organisation	
Employer address	
Postcode	
Country	

For current medical, public health and dental trainees only:	
NTN (if applicable)	
Name of School	
Name of Specialty	
Current Training Grade	
Please confirm your current Terms & Conditions (Public Health applicants only)	<input type="checkbox"/> Medical <input type="checkbox"/> Agenda for Change
For SAS Doctors and Dentists only:	
SAS Grade	
Specialty	
For all other applicants:	
Current AfC Band	
Specialty	
<p>If successful, all applicants (other than medical and dental trainees) will be appointed on a secondment basis. As such they will continue to be employed by their current organisation for the duration of the programme. Applicants should discuss their interest to undertake a secondment prior to applying, where possible. Once successful, agreement from their current employer must be sought as soon as possible.</p>	
My employer is aware that I have applied for this secondment opportunity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Line manager / HR contact name	
Line manager / HR contact email	

Professional Registration

Please give details of any statutory registration i.e. GCC, GDC, GMC, GOC, GOSc, GPhC, HCPC, NMC, SWE	
Regulator	
Membership/Registration Number	
Membership Status	
Expiry/Renewal Date	
Please give details of any voluntary Professional Standards Authority-accredited registration e.g. AHCS, RCT, RCCP, UKPHR	
Professional Body	
Membership/Registration Number	
Membership Status	
Expiry/Renewal Date	

5. Education & Professional Qualifications

Please list up to five relevant academic and professional qualifications. Please also indicate qualifications currently being undertaken. All qualifications disclosed will be subject to a satisfactory check.

Qualification	Grade/result	Institution	Year obtained

6. Skills, Training and Continuing Professional Development

Please list any relevant additional training or competences that you would like us to consider in relation to your application.

7. References

Please provide the names and full details of three people who have agreed to supply references, one of whom must be your present or most recent employer. References may be requested following appointment as part of pre-employment checks after appointment.

Referee 1

Title	
First Name	
Last Name	
Relationship to you	
Referee Job Title	
Organisation	
Contact Number	
Email Address	

Referee 2

Title	
First Name	
Last Name	
Relationship to you	
Referee Job Title	
Organisation	
Contact Number	
Email Address	

Referee 3

Title	
First Name	
Last Name	
Relationship to you	
Referee Job Title	
Organisation	
Contact Number	
Email Address	

8. Supporting Statement

Please provide a statement giving your reasons for applying and outlining your suitability for the post. Your supporting statement must be no more than one page of A4.

9. Declaration

The information in this form and in any attachments 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. If successful, I consent to my application being shared with the Health Education England Future Leaders Programme.

I agree to the above declaration			
Signature			
Name		Date	

[Please enter your full name. If invited to interview, you will be asked to sign your application.]

To submit your application please send your completed Application Form and a copy of your CV to the Application Contact given in the vacancy description on the [recruitment website](#)

Please note: CVs sent without a fully completed Application Form, will not be accepted.