## Application for Training Programme Director

Applications must be completed in black ink or type

|  |
| --- |
| Training Programme Director – Internal Medicine |

Personal Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname/Family Name: |  | | | Title: | |  |
| First Name (s): |  | | | | | |
| Address: |  | | | | | |
|  |  | | | | | |
| Town/City: |  | Postcode: |  | | | |
| Home Tel No: |  | Work Tel No: |  | Ext: |  | |
| Mobile No: |  | | | | | |
| Email Address: |  | | | | | | |

Curriculum Vitae

Please attach an up to date CV, which should include details of all your medical/dental qualifications.

**Other Qualifications and Training**

|  |  |
| --- | --- |
| Please provide details of any relevant educational or professional qualifications, Diplomas, Certificates or training courses relevant to this application: |  |
| Please detail personal experience in the provision of training: |  |
| Please provide details of specific course/seminars/training you have undertaken, which you believe would contribute to the effective delivery of this role: |  |
| Have you attended training in Equal Opportunities | Yes - please confirm date of attendance |
| (please circle as appropriate) | No - but have booked a place |
|  | No - please send me details |
| **The Data Protection Act 1998**  The Data Protection Act 1998 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 offenses, criminal convictions, criminal proceedings, disposal or sentence.  The information that you provide on this Declaration Form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes or enquiries in relation to protection and detection of fraud.  This Declaration Form and any information and any information provided relating to a positive declaration will be kept securely and in confidence, and access to it will be kept to designated persons, or other individuals who need see it as part of the application process who are authorised to do so. | |
| **Please answer the following questions.**  **If you answer ‘Yes’ to any of the questions please supply full details separately and mark any enclosures ‘Confidential’**   1. 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 declare parking or driving fixed penalty notices) 2. Have you ever received a Police Caution, reprimand or final warning that has yet to be investigated by the GMC/GDC? 3. Have you ever been charged with any offence in the United Kingdom or in any other country that has not been disposed of? 4. Are you aware of any current NHS Counter Fraud and Security Management Service (CFMS) investigations following allegations made against you? 5. Have you been investigated by the Police, NHS, CFMS or any other Investigatory body resulting in a current conviction or dismissal from your employment?   (Investigative bodies include: Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, Department of Business Innovation and Skills, Department of Work and Pensions, Security Agencies, Financial Services Authority, or any successor bodies.)   1. Have you ever been dismissed by reason of misconduct from any employment, office or other position previously held by you? 2. Have to ever been disqualified from the practice of a profession or required to practice subject to specific limitations/ conditions / warnings following fitness to practice proceedings by a regulatory or licencing body in the United Kingdom or in any other country? 3. Are you currently the subject of any investigations or fitness to practice proceeding by any employer, any licensing or regulatory body in the United Kingdom or any other body? 4. Are you subject to any other prohibition, limitation or restriction that means we are unable to offer you the position for which you are applying? 5. Do you know of any other matters in your background which might cause your reliability or suitability for this post to be called into question? | Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No |
| **You are reminded that if appointed, you have continuing responsibility to inform the Postgraduate Dean of any new criminal convictions, police investigations or fitness to practice procedures that arise in the future.** | |
| Please outline any plans you have or  activities you have undertaken to meet  your personal development needs. |  |

Please email your application form with your CV to:

Faye Revill, Programme Support Coordinator

[faye.revill@hee.nhs.uk](mailto:faye.revill@hee.nhs.uk)

Health Education England

Don Valley House

Savile Street East

Sheffield

S4 7UQ