Standard form for **Qualified Ambulance Clinician**

**Employer:** St John Emergency Ambulance Service

**Department:** Guernsey

**Personal Information** Fields marked with an asterisk (**\***) are mandatory

Details entered in this part of the form will be held by the St John Emergency Ambulance Service. Access to this information will be withheld from the shortlisting panel. Please do not type using only capital letters, as this could lead to your application being automatically rejected. Please use the appropriate mixture of capital and lowercase letters in standard written text.

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| --- |
| Email address |
| Click or tap here to enter text |
| Title |
| Click or tap here to enter text |
| Surname/Family name **\*** |
| Click or tap here to enter text |
| First name **\*** | Middle name(s) |
| Click or tap here to enter text | Click or tap here to enter text |
| Social Security number |
| Click or tap here to enter text |
| Address line 1 **\*** |
| Click or tap here to enter text |
| Address line 2 |
| Click or tap here to enter text |
| Address line 3 |
| Click or tap here to enter text |
| Town/City/Parish **\*** | County/Island |
| Click or tap here to enter text | Click or tap here to enter text |
| Country **\*** | Postcode **\*** |
| Click or tap here to enter text | Click or tap here to enter text |
| Home telephone | Mobile telephone |
| Click or tap here to enter text | Click or tap here to enter text |
| Preferred telephone number to be contacted on |
| Click or tap here to enter text |
| Do you have the right to work in Guernsey? |
| Click or tap here to enter text |

**Qualifications** Fields marked with an asterisk (**\***) are mandatory

Details entered in this part of the form will be held by the St John Emergency Ambulance Service and will be made available to the short-listing panel.

**Education & Professional Qualifications**

All the relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check. Up to 11 qualifications can be entered here.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject/Qualification** | **Place of study** | **Grade/Result** | **Year obtained** |
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**Relevant Training Courses Attended**

Please provide details regarding training courses that you have attended or are currently undertaking together with the date completed or to be completed by. Up to 7 training courses can be entered here.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject/Qualification** | **Place of study** | **Grade/Result** | **Year obtained** |
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**Membership of Professional Bodies**

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

|  |
| --- |
| Please indicate your professional registration status. **\*** |
| **Choose an item** |
| If you have answered “I have current UK professional registration relevant for this post” then please enter the relevant details below. |
| **Professional body and membership** |
| Click or tap here to enter text |
| **Membership/Registration number** |
| Click or tap here to enter text |
| **Expiry/Renewal date** |
| Click or tap here to enter text |

**Fitness to Practice**

Are you currently subject to a fitness to practice investigation and/or proceedings of any nature by a regulatory or licensing body which may have a bearing n your suitability for the position you are applying for?

|  |
| --- |
| This may include any fitness to practice investigation and/or proceedings of any nature that are being undertaken by a regulatory or licensing body in any other country. **\*** |
| **Choose an item** |

|  |
| --- |
| Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?You are not required to disclose any information in relation to the above where any right to appeal has been upheld and where that appeal has resulted in your case being fully exonerated. In these circumstances you should select NO to this question. **\*** |
| **Choose an item** |

|  |
| --- |
| In your current or any previous employment, have you had restrictions placed on your clinical practice as part of a revalidation process? |
| **Choose an item** |

**Employment History** Fields marked with an asterisk (**\***) are mandatory

Please record below the details of your full employment history beginning with your current or most recent first. Up to 2 previous employments can be entered here (an Additional Previous Employer form is available if required). If required, please provide additional information regarding your employment history within the ‘Supporting Information’ section.

|  |
| --- |
| Start date of continuous service (if applicable) |
| Click or tap here to enter text |
| Months since most recent employment ended (if applicable) |
| Click or tap here to enter text |

**Current/most recent employer (reference always required)**

|  |
| --- |
| Employer name |
| Click or tap here to enter text |
| Employer address |
| Click or tap here to enter text |
| Type of business |
| Click or tap here to enter text |
| Reporting to (job title) |
| Click or tap here to enter text |
| Telephone |
| Click or tap here to enter text |
| Your job title |
| Click or tap here to enter text |
| Start date |
| Click or tap here to enter text |
| End date |
| Click or tap here to enter text |
| Grade | Salary |
| Click or tap here to enter text | Click or tap here to enter text |
| Period of notice |
| Click or tap here to enter text |
| Reason for leaving (if applicable) |
| Click or tap here to enter text |
| Brief description of your duties and responsibilities |
| Click or tap here to enter text |

**Previous employer 1**

|  |
| --- |
| Employer name |
| Click or tap here to enter text |
| Employer address |
| Click or tap here to enter text |
| Type of business |
| Click or tap here to enter text |
| Your job title |
| Click or tap here to enter text |
| Start date |
| Click or tap here to enter text |
| End date |
| Click or tap here to enter text |
| Grade | Salary |
| Click or tap here to enter text | Click or tap here to enter text |
| Reason for leaving (if applicable) |
| Click or tap here to enter text |
| Brief description of your duties and responsibilities |
| Click or tap here to enter text |

**Previous employer 2**

|  |
| --- |
| Employer name |
| Click or tap here to enter text |
| Employer address |
| Click or tap here to enter text |
| Type of business |
| Click or tap here to enter text |
| Your job title |
| Click or tap here to enter text |
| Start date |
| Click or tap here to enter text |
| End date |
| Click or tap here to enter text |
| Grade | Salary |
| Click or tap here to enter text | Click or tap here to enter text |
| Reason for leaving (if applicable) |
| Click or tap here to enter text |
| Brief description of your duties and responsibilities |
| Click or tap here to enter text |

**Employment Gaps**

|  |
| --- |
| If you have any gaps within your employment history, please state the reasons for the gaps below. |
| Click or tap here to enter text |

**Referees** Fields marked with an asterisk (**\***) are mandatory

Please provide the names and full contact details of your referees.

* References must cover a 3-year period of continuous employment, training or education (internal applicants need only provide 1 referee). Your referees will need to confirm this. They may need to comment on your skills, personal qualities and suitability for the post.
* Your referee could be an HR department, line manager or someone in a position of responsibility. For internal applicants, your referee should be your line manager.
* You must provide an email address for each referee. This may require you to contact your referee to confirm this prior to submitting your application, as this is a mandatory field.
* If you are a student or a trainee this should include a teacher/tutor at your school/college or university.
* If you have not been in employment or education for the last 3 years, you may need to supply a character reference or a personal statement. A character reference must not be from a relative or someone who has a financial arrangement with you.
* Emails for employers must be a valid work email address and not the referee’s personal email address unless the email being provided is covering a gap in work history or the employer no longer exists and the referee being used is a personal/character referee.

Referees may be approached before interview, unless you state otherwise below.

**Referee 1**

|  |
| --- |
| Type of reference **\*** |
| Choose an item. |
| Email address of referee **\*** |
| Click or tap here to enter text |
| Title |
| Click or tap here to enter text |
| Surname/Family name **\*** | First name **\*** |
| Click or tap here to enter text | Click or tap here to enter text |
| Relationship **\*** |
| Click or tap here to enter text |
| Address line 1 **\*** |
| Click or tap here to enter text |
| Address line 2 |
| Click or tap here to enter text |
| Address line 3 |
| Click or tap here to enter text |
| Town/City/Parish **\*** | County/Island |
| Click or tap here to enter text | Click or tap here to enter text |
| Country **\*** |
| Click or tap here to enter text |
| Telephone | Fax |
| Click or tap here to enter text | Click or tap here to enter text |
| Period this reference covers from **Click or tap here to enter text** to **Click or tap here to enter text** |

|  |
| --- |
| Can the referee be approached prior to interview?  |
| **Yes** [ ]  | **No** [ ]  |

**Referee 2**

|  |
| --- |
| Type of reference **\*** |
| Choose an item. |
| Email address of referee **\*** |
| Click or tap here to enter text |
| Title |
| Click or tap here to enter text |
| Surname/Family name **\*** | First name **\*** |
| Click or tap here to enter text | Click or tap here to enter text |
| Relationship **\*** |
| Click or tap here to enter text |
| Address line 1 **\*** |
| Click or tap here to enter text |
| Address line 2 |
| Click or tap here to enter text |
| Address line 3 |
| Click or tap here to enter text |
| Town/City/Parish **\*** | County/Island |
| Click or tap here to enter text | Click or tap here to enter text |
| Country **\*** |
| Click or tap here to enter text |
| Telephone | Fax |
| Click or tap here to enter text | Click or tap here to enter text |
| Period this reference covers from **Click or tap here to enter text** to **Click or tap here to enter text** |

|  |
| --- |
| Can the referee be approached prior to interview?  |
| **Yes** [ ]  | **No** [ ]  |

**Supporting Information** Fields marked with an asterisk (**\***) are mandatory

In this section you need to demonstrate that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this particular post, if this has not been fully covered in the previous sections.

Please include your reasons for applying and take the opportunity to highlight your particular talents and strengths, (what you feel you can personally offer – what is unique to you – what sets you apart from your peers).

Please DO NOT include personal details or duplicate information already provided elsewhere in your application.

|  |
| --- |
| Supporting information **\*** |
| **Click or tap here to enter text**Max words: 1500 |

|  |
| --- |
| Do any of the following apply to you? **\*** |
| [ ]  Serving Armed Forces (including Reservist)[ ]  Armed Forces Veteran[ ]  Partner/spouse of a serving member of the Armed Forces/Reserves[ ]  Armed Forces Cadet Instructor[ ]  None of the above are applicable to me |

|  |
| --- |
| Have you provided a minimum of 2 professional references (1 for internal)?These must be in the form of a professional email address (hotmail / gmail not accepted) & include your current / most recent employer / place of study & all previous employers. **\*** |
| Choose an item |
| Are you registered with the HCPC? **\*** |
| Choose an item |
| If yes, what date did you first register with the HCPC? |
| Click or tap here to enter text |
| Do you hold a relevant degree or graduate diploma as required by the Person Specification? **\*** |
| Choose an item |
| Do you have an IHCD or CERAD Blue Light Driving Qualification or equivalent? **\*** |
| Choose an item |

**Driving**

|  |
| --- |
| Do you have access to a vehicle which can be used for work purposes? **\*** |
| Choose an item |
| Do you have a valid driving licence for use in Guernsey? **\*** |
| Choose an item |
| Please select the status of your C1/D1 driving licence **\*** |
| Choose an item |

**Monitoring Information** Fields marked with an asterisk (**\***) are mandatory

This section of the application form will be detected 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.

St John recognises the benefits of a diverse workforce which reflects the wider population and welcome applications from all sections of the community. Also, using the Equality Act (2010) as best practice, all healthcare organisations must 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. We need to ask applicants some questions to make sure that no one is being unfairly discriminated against or disadvantaged.

The information collected is only used for anonymised monitoring purposes to help the organisation look at the profile of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, we can check that we are aligning with the Equality Act (2010).

**Equality & Diversity Monitoring**

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of:

* their age and sex.
* their race which includes colour, nationality, ethnic or national origin.
* their religion or belief, including a lack of any belief.
* their sexual orientation, be it bisexual, gay, heterosexual and lesbian.

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

|  |
| --- |
| Please state your date of birth: **\*** |
| Click or tap here to enter text |
| Please indicate your gender: **\*** |
| [ ]  Male[ ]  Female[ ]  I do not wish to disclose |
| Please indicate the option which best describes your marital status: **\*** |
| Choose an item |

|  |
| --- |
| Please indicate your ethnic origin: **\*** |
| Choose an item |

|  |
| --- |
| Which of the following options best describes how you think of yourself: **\*** |
| Choose an item |

|  |
| --- |
| Please indicate your religion or belief: **\*** |
| Choose an item |

**Equality Act 2010**

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at:  [www.gov.uk/definition-of-disability-under-equality-act-2010](https://www.gov.uk/definition-of-disability-under-equality-act-2010). Reasonable adjustments will be made available should you be invited to interview.

|  |
| --- |
| According to the definition of disability do you consider yourself to have a disability: **\*** |
| [ ]  Yes [ ]  No[ ]  I do not wish to disclose whether or not I have a disability |

**Relationships**

If you are related to a director, or have a relationship with a director or employee of the Service please state the relationship:

|  |
| --- |
| **Click or tap here to enter text**Max words: 50 |

**Safeguarding** Fields marked with an asterisk (**\***) are mandatory

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.

**The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002**

The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002 helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period 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 organisation aims to promote equality of opportunity and is committed to treating all applicants equally and fairly based on their skills, experience and ability to fulfil the duties of the role being applied for.

Suitable applicants will not be refused positions because of criminal record information of other information declared, where it has no bearing on the role (for which you are applying) and no risks have been identified against the duties you would be expected to perform as part of that role.

During the rehabilitation period you are required to declare current 'unspent' criminal convictions or cautions (including reprimands and final warnings).

You are not legally required to provide any information about criminal offences that have become spent. Certain criminal offences can be regarded as spent after a specified rehabilitation period as outlined by The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002.

Answering 'yes' to the question below will not necessarily bar you from appointment. This will depend on the information you provide and the position you are applying for.

Do you have any UNSPENT convictions as outlined in The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002?

This includes any unspent convictions that may have been issued in any other country, where it would be an equivalent offence in the Bailiwick of Guernsey, England and Wales.

It also includes all unspent convictions or Summary Hearings that have been issued under military law while serving in the Armed Forces in the UK or any other country, where it would be an equivalent offence in the Bailiwick of Guernsey, England and Wales.

You **are not** required to disclose any information in relation to convictions that have become SPENT. In these circumstances you should select NO to this question.

If you are in any doubt as to how to answer this question, please refer to the Service’s HR Administrator (Tel. 01481 742145) for further information before completing this question. **\***

[ ]  Yes [ ]  No

Do you have any UNSPENT cautions, reprimands or final warnings as outlined in The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002?

This includes any unspent cautions, reprimands or final warnings that may have been issued in any other country, where it would be an equivalent offence in the Bailiwick of Guernsey, England and Wales.

It also includes all unspent cautions that have been issued under military law while serving in the Armed Forces in the UK or any other country, where it would be an equivalent offence in the Bailiwick of Guernsey, England and Wales.

You **are not** required to disclose any information in relation to cautions, reprimands or final warnings that have become SPENT. In these circumstances you should select NO to this question.

If you are in any doubt as to how to answer this question, please refer to the Service’s HR Administrator (Tel. 01481 742145) for further information before completing this question. **\***

[ ]  Yes [ ]  No

**The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002 (Commencement, Exclusions and Exceptions) Ordinance, 2006**

The role you have applied for is exempt from the provisions normally afforded to individuals under The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002 (Commencement, Exclusions and Exceptions) Ordinance, 2006 (as amended). This means that the employer can obtain a standard or enhanced disclosure through the Disclosure and Barring Service (DBS) under The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002 (Commencement, Exclusions and Exceptions) Ordinance, 2006 (as amended).

Enhanced disclosures may include other relevant non-conviction information held on police databases, at the discretion of the police or Chief Officer of Guernsey Police.

Before you complete this form, it is important for you to read the highlighted note in the section below.

If you have a criminal record and are unsure about what might be revealed about you as part of a DBS check, or the type of information you should consider declaring when completing this form, the following links to guidance will help provide more clarity you should discuss your application with the Service’s HR Administrator (Tel. 01481 742145).

Do you have any convictions that are not protected (i.e. eligible for filtering) as outlined in The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002 (Commencement, Exclusions and Exceptions) Ordinance, 2006 (as amended) (the Exceptions Order)?

It also includes all convictions or Summary Hearings that have been issued under military law while serving in the Armed Forces, either in the UK or any other country, where the equivalent offence in the Bailiwick of Guernsey, England and Wales is not protected.

You are not required to disclose any information in relation to the above if ALL convictions are protected (i.e. eligible for filtering) as outlined in the Exceptions Order. In these circumstances you should select NO to this question.

This requirement is regardless as to whether any conviction is spent or remains unspent. **\***

[ ]  Yes [ ]  No

Do you have any cautions, reprimands or final warnings that are not protected (i.e. eligible for filtering) as outlined in The Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002 (Commencement, Exclusions and Exceptions) Ordinance, 2006 (as amended) (the Exceptions Order)?

It also includes all cautions, reprimands or final warnings that have been issued under military law while serving in the Armed Forces, either in the UK or any other country, where the equivalent offence in the Bailiwick of Guernsey, England and Wales is not protected.

You are not required to disclose any information in relation to the above if ALL convictions are protected (i.e. eligible for filtering) as outlined in the Exceptions Order. In these circumstances you should select NO to this question.

This requirement is regardless as to whether any caution, reprimand or final warning is spent or remains unspent.

If you are in any doubt as to how to answer this question, please refer to the Service’s HR Administrator (Tel. 01481 742145) for further information before completing this question. **\***

[ ]  Yes [ ]  No

**Declaration** Fields marked with an asterisk (**\***) are mandatory

The information in this application 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 Service can seek clarification regarding professional registration details.

[ ]  I agree to the above declaration **\***

|  |  |  |
| --- | --- | --- |
| **Signed** |  | **Dated**Click or tap here to enter text |