

APPLICATION FORM

Please fill in the Application form, which is split into three parts. Please complete the form and check it carefully before returning it to Susan Tyler, Director of Human Resources at Leeds and York Partnership NHS Foundation Trust, Trust Headquarters, 2150 Thorpe Park, Leeds LS15 8ZB. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

For Office Use Only
Reference Number:

APPLICATION FOR THE POSITION OF CHAIR OF THE TRUST

Leeds and York Partnership NHS Foundation Trust

PART 1 – PERSONAL DETAILS

Details entered in this part of the form will be held in the Human Resources department. Access to this information will be withheld from the short listing panel.

* Surname/Family Name			
* First Names			
Middle Name			
Name in which you are registered with a professional body (if applicable)			
Title		UK National Insurance No	
Address			
* Postcode/ Zip code		* Country	
Home Telephone		Mobile Telephone (only if UK registered)	
Work Telephone		Preferred telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Email Address			
* Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
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.			
<input type="checkbox"/> Highly Skilled Migrant Programme / Tier 1 <input type="checkbox"/> Indefinite Leave to remain / enter <input type="checkbox"/> Work Permit / Tier 2 <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Tier 4 student		<input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Tier 5 Youth Mobility / working holiday visa <input type="checkbox"/> Refugee <input type="checkbox"/> Visitor <input type="checkbox"/> Other, please specify below <hr/>	

Please supply details of any permit currently held, including number, validity and expiry date	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of any restrictions:	
Does your visa have a condition restricting employment or occupation in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an NHS professional returning to practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2 – MONITORING INFORMATION

This section of the application form will be detached from your application form and will be used for monitoring purposes only.

Leeds and York Partnership NHS Foundation Trust recognises and actively promotes the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

* Date of Birth	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil partnership <input type="checkbox"/> Legally separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> 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	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this

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 <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> 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		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Other <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
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'.	
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (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 organisation aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. The organisation undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

You are required to declare all current 'unspent' criminal convictions or cautions (including reprimands and final warnings). You are not required to disclose convictions or cautions which have become 'spent'.

As part of assessing your application, organisations will only take into account relevant criminal record and other information declared which is relevant to the position being applied for.

Answering 'yes' to the question below will not necessarily bar you from appointment. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

* Are you currently bound over or do you have any current 'unspent' convictions or cautions (including reprimands or warnings) that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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. You do not need to tell us about parking offences.	

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013

The position you are applying for has been identified as being an 'eligible position' under the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* [the Exceptions Order] and, in certain circumstances, the Police Act 1997. As such, it meets the eligibility criteria for a standard or an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).

Both standard and enhanced DBS disclosure certificates contain information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the *Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended)*. Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

Please be aware that the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013* (S.I. 2013/1198) made amendment to the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* to provide that certain spent convictions and cautions will become protected when specific conditions are met. Protected convictions and cautions will not be disclosed in a DBS check, and employers cannot ask for information about protected convictions or cautions, or take these into account when considering you for appointment.

Before you complete the question(s) below please read guidance and criteria for the filtering of these convictions and cautions which can be found on the Disclosure and Barring Service website at: www.gov.uk/government/organisations/disclosure-and-barring-service

Where the position has, in addition, been identified as a regulated activity under the *Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedoms Act 2012)* an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013* - see notes above. You also are not required to tell us about parking offences.

* Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued 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.

* Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children?

Yes No

* Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults?

Yes No

Disqualification

A person may not become or continue as a member of the Board of Directors if the following apply. Please state if any of the following apply.	
Have you been adjudged bankrupt or had your estate sequestrated and (in either case) not been discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a compensation or arrangement with, or granted a trust deed for, any of your creditors and not been discharged in respect of it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, within the preceding five years, been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of anything in your private or professional life, which would be a source of embarrassment to yourself or the organisation if it became known in the event of your appointment to the position for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

*** DECLARATION**

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I also understand that any form of canvassing in respect of this application e.g. attempting to unfairly further the application by communication or influence shall result in disqualification from this appointment process.

I agree to the above declaration			
Signature			
Name		Date	

Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships. If professional registration is not required then go to **Employment History**.

* Please indicate your Professional Registration status:	
<input type="checkbox"/> Not Required for this post <input type="checkbox"/> I have current UK registration	<input type="checkbox"/> UK registration applied for <input type="checkbox"/> UK registration not yet applied for <input type="checkbox"/> I am a student

If you are registered then please enter the relevant details below:			
Professional Body	Membership or Registration type	Membership/Registration PIN	Expiry/Renewal Date

If you are applying for a post that requires professional registration you are required to provide the following information:

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Employment

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

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Start of continuous NHS service			
Grade		Salary	
Reporting to (job title)		Notice Period	
Reason for leaving (if applicable)			

Description of your duties and responsibilities. (Please provide no more than a **500-word answer**)

Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the 'Supporting Information' section below. Please add additional employers/information on a separate sheet.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 4

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 5

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

PLEASE LIST ALL PREVIOUS EMPLOYMENT USING SEPARATE SHEET IF NECESSARY

PART 4 – SUPPORTING INFORMATION

In this section please give your reasons for applying for this post and additional information, which shows how you match the person specification for the specific post you applying for (this information is in the applicants information pack).

You are also asked to provide no more than a 300-word answer to each of the requests set out below:

1. Provide clear evidence of where you have had experience of working at Board level in a comparable large / complex, changing organisation/s with particular reference to your leadership experience within that / those organisation/s and experience of chairing high-level, complex and / or difficult meetings.
2. Provide clear evidence of where you have had to play a key part in leading during a time of change, demonstrating how you have used your influencing, negotiating and diplomatic skills to bring together differing viewpoints.
3. Explain how you have engaged with wide-ranging audiences and how you have networked effectively (either within or external to the NHS) including the part you played in influencing outcomes.
4. Provide clear evidence of how you are committed to the NHS and mental health/learning disabilities services including any lived experience you may have had of either of these services.

Answers to the above questions in no more than 300 words (Please continue on additional sheets if necessary).

PART 5 – REFERENCES

Please give the names of the people who have agreed to supply references. You must provide 2 references a s minimum. If you are, or have been employed, these should be your two most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable. For all posts written references obtained must cover the preceding 3 years of employment. All referees will be approached prior to interview unless you indicate otherwise.

Referee 1

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		* Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No