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# Application for post of Genomics Clinical Education Lead

Competed forms should be returned to rose.jarvis@aomrc.org.uk

Closing date for receipt of applications*:* **Wednesday 18th December 2019 at 5pm**

Interviews will be held at the Academy of Medical Royal Colleges, 10 Dallington Street, London EC1V 0DB, on **Thursday 23 January (pm) 2020.**

# Part 1: Your personal details

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Title |  |  |  |
|  |  |
| Home address |   |
|  |
| E-mail |  |
| Phone contacts | Home | Mobile |
|  |
| Business address(if applicable) |  |
| E-mail |  |
| Work contacts | Phone  | Mobile |

|  |  |
| --- | --- |
| Preferred e-mail address |  |
| GMC registration number |  |
| Date of CCT (or projected date) |  |
| **Fitness to practise:** Are you currently subject to a fitness to practise investigation and/or proceedings by a regulatory or licensing body in the UK, or in any other country?  |  |
| Have you ever been removed from the register or have conditions or undertakings been made on your registration by a fitness to practise committee, regulatory or licensing body in the United Kingdom, or in any other country?  |  |
| In your current or any previous employment, have you had restrictions placed on your clinical practise as part of the revalidation process?  |  |

# Part 2: Current post

|  |  |
| --- | --- |
| Your current job title |  |
| Current employer |  |
| Length in current post |  |
| Brief description of your current duties |  |
| Salary |  |
| Notice period |  |

# Part 3: Previous posts

|  |  |
| --- | --- |
| Job Title |  |
| Employer |  |
| Dates in post |  |
| Reason for leaving |  |

|  |  |
| --- | --- |
| Job Title |  |
| Employer |  |
| Dates in post |  |
| Reason for leaving |  |

|  |  |
| --- | --- |
| Job Title |  |
| Employer |  |
| Dates in post |  |
| Reason for leaving |  |

Any other relevant training or qualifications

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## Please indicate whether you would wish to apply for this role on a secondment basis, or as direct employment by the Academy of Medical Royal Colleges?

Secondment/Direct employment – please delete as applicable

[*Please note that the Academy is not an associated employer in terms of the NHS Pension scheme and is therefore unable to provide continued access to the scheme as part of employment*; *however, Academy employees have access to the Academy’s own pension scheme.*]

## Part 4 Skills and experience

Describe the skills and experience you have that are relevant for this post showing how they match the role description (word limit 2000 words)

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## Part 5 References

Please provide two referees that we may contact to provide references. One must be your current employer.

|  |  |
| --- | --- |
| NamePositionContact details(e-mail and phone)Relationship with you |  |

|  |  |
| --- | --- |
| NamePositionContact details(e-mail and phone)Relationship with you |  |

Referees will be approached upon appointment. Prior to requesting these we will obtain your permission to do so.

## Part 6 Declaration

1. Are there any restrictions regarding your employment? e.g. do you require a Work Permit? If “Yes” please state detail below YES/NO

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1. To the best of my knowledge all the information given here is correct

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| --- |
| NAME/SIGNATUREDate:  |

## Confidential

EQUAL OPPORTUNITIES MONITORING FORM

Equal Opportunities Statement

We are committed to implementing equality of opportunity in employment. The Academy is a membership organisation and aspires to be a world-class champion of diversity, equality and human rights within the health and social care sector. This means we are committed to employment practices that seek to recognise the diversity of our employees and candidates and ensure that they are free of unlawful discrimination and bias.

This statement applies to all employment policies and to all staff.

|  |  |
| --- | --- |
| Ethnicity |  |
| Do you consider yourself to have such a disability?The Disability Discrimination Act (1995) defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. |  |
| Have you been convicted of a criminal offence not spent under the Rehabilitations of Offenders Act?  If yes, please give details  |  |
| Gender |  |
| Marital Status |  |
| Sexual Orientation |  |
| Do you feel able to discuss your sexual orientation with colleagues at work? |  |
| Is your gender identity the same as the gender you were assigned at birth? |  |
| Do you live and work full time in the gender role opposite to that assigned at birth? |  |
| Do you feel able to discuss your gender identity with colleagues at work? |  |
| Date of Birth |  |