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**Emergency Medicine International Training (EMIT) Application Form (January 2019 Interviews)**

**Please complete sections 1 – 10 and return to** [**Apply.EMIT@hee.nhs.uk**](mailto:Apply.EMIT@hee.nhs.uk) **by no later than Monday 31st December 2018 at 1600 UK time.**

**If you have any queries about completing this form, please contact your agency or email** [**Apply.EMIT@hee.nhs.uk**](mailto:Apply.EMIT@hee.nhs.uk)**.**

1. **Contact Information:**

|  |  |
| --- | --- |
| Surname/Family Name: | Click here to enter text. |
| First Name: | Click here to enter text. |
| Middle Name: | Click here to enter text. |
| Preferred Name: | Click here to enter text. |
| Date of Birth: | Click here to enter text. |
| Address Line 1: | Click here to enter text. |
| Address Line 2: | Click here to enter text. |
| Address Line 3: | Click here to enter text. |
| Post Code: | Click here to enter text. |
| Country: | Click here to enter text. |
| Home Telephone (Inc Country Code): | Click here to enter text. |
| Mobile Telephone (Inc Country Code: | Click here to enter text. |
| Email Address: | Click here to enter text. |

1. **Personal Details:**

Do you have a disability which requires any specific arrangements/adjustments to enable you to attend an interview?

Yes  No

|  |
| --- |
| If ‘Yes’ please supply details of what those specific arrangements/adjustments are:  Click here to enter text. |

1. **Professional Registration**

Do you have FULL registration with a Licence to Practise awarded by the UK GMC?

Yes  No

|  |  |
| --- | --- |
| If ‘Yes’, please provide your GMC Number: | Click here to enter text. |
| If ‘No’, please explain why you think you will be able to gain full UK GMC registration by your preferred start date: | Click here to enter text. |

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1. **Language Skills**

As a Doctor you are required to demonstrate skills in written and spoken English which allow you to perform your clinical skills safely and to communicate effectively on medical and/or health topics with patients, colleagues and the public.

|  |  |
| --- | --- |
| Was your undergraduate training in English? | Yes  No |
| Have your language skills been tested through the Academic IELTS (International English Testing System) or via the Occupational English Test (Medicine) (OET) in the last 24 months to at least the minimum overall score required as per the Person Specification?  If you have sat the IELTS exam, please mark your scores in each domain:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Overall |  | 7.5 | 8.0 | 8.5 | 9.0 | | Reading | 7.0 | 7.5 | 8.0 | 8.5 | 9.0 | | Writing | 7.0 | 7.5 | 8.0 | 8.5 | 9.0 | | Listening | 7.0 | 7.5 | 8.0 | 8.5 | 9.0 | | Speaking | 7.0 | 7.5 | 8.0 | 8.5 | 9.0 |   Date of IELTS sitting Click here to enter text.  If you have sat the OET (Medicine) exam, please mark your scores in each domain below:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Overall | A | B | C+ | C | D | | Reading | A | B | C+ | C | D | | Writing | A | B | C+ | C | D | | Listening | A | B | C+ | C | D | | Speaking | A | B | C+ | C | D |   Date of OET (Medicine) sitting Click here to enter text.  Any other information  Click here to enter text. | Yes  No |
| Have you worked in the UK NHS for 2 years or more: | Yes  No |
| Can you provide testimony from a UK consultant or supervisor relating to your English language proficiency: | Yes  No |
| Can you provide other evidence of your English language proficiency?  If ‘Yes’, please provide further details:  Click here to enter text. | Yes  No |

1. **Right to work in the UK**

Your eligibility to be considered for this position will be determined by your immigration status on the closing date for applications for this post. Some applicants may be considered before others on the basis of immigration status, in accordance with the Immigration, Asylum and Nationality Act 2006. You must inform the recruitment office if your immigration status changes at any point in the recruitment process. If your immigration status changes after an offer of training has been made, this could affect your right to work.

|  |  |
| --- | --- |
| Your nationality: | Click here to enter text. |
| Are you a European Union (EU) national, a European Economic Area (EEA) national or Swiss national: | Yes  No |
| Are you a Croatian national: | Yes  No |
| UK Immigration Status (if applicable): | Click here to enter text. |
| Start date of your UK visa: |  |
| End date of your UK visa: | Click here to enter text. |
| CAS number: | Click here to enter text. |
| Current Sponsoring Organisation: | Click here to enter text. |
| COS number: | Click here to enter text. |
| COS lead employer: | Click here to enter text. |

1. **Criminal Records and Fitness to Practise**

It is vitally important that you read, understand and answer the questions asked in this section by ticking each box. Please read the notes below carefully before completing this part of the form. If you require further information, please contact the EMIT team directly. All enquiries will be treated in strict confidence.

We aim to promote equality of opportunity and are committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared.

The position you have applied for has been identified as a regulated activity within the terms of the **Safeguarding Vulnerable Groups Act (2006)**, as amended by the **Protection of Freedoms Act (2012)** and is eligible for an enhanced criminal records check under the provisions of the **Police Act 1997** (Criminal Records) Regulations. The enhanced criminal record check will, where appropriate to the role, also include any information which may be held against the barred lists for working with children and/or adults.

Before you can be considered for appointment in a position of trust as a doctor in this position we need to be satisfied about your character and suitability. The position you have applied for is exempt from the **Rehabilitation of Offenders Act 1974**. This means that you must declare all criminal convictions, including those that would otherwise be considered ‘spent’, under this Act, unless they are considered protected.

Answering ‘yes’ to any of the questions will not necessarily bar you from an appointment. This will depend on the nature of the position for which you are applying for and the particular circumstances.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe may have a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. You still remain free, should you wish to discuss the matter with the interviewing panel. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

The **Data Protection Act 2018** requires us to provide you with certain information regarding how we process your data. Processing includes: obtaining, recording, holding, disclosing, destruction and retaining information. As part of this application form, HEE will also be processing Special Category data about you. Special category data is personal data which legislation says is more sensitive, and so needs more protection. Personal information defined as Special category is as follows:

* Race
* Ethnicity
* Politics
* Religion
* Trade Union Membership
* Genetics
* Biometrics
* Health Records
* Sex life
* Sexual Orientation

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 2018. It will be used for the purpose of determining your application for this and will be held on record as part of your training file for the period you are training in the UK. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud in the interest of patient safety. This Data will also be shared with the Royal College of Emergency Medicine for recruitment purposes and a subset of this information will be provided to the Trust which successful candidates are allocated too.

This Declaration Form and any information provided relating to a positive declaration will be kept securely and in confidence, and access to it will be restricted to designated persons within the recruiting organisation and other persons who need to see it as part of the selection process and who are authorised to do so. If successfully appointed to the EMIT scheme, this information will be passed to designated persons in your first or lead employing organisation and any organisations through which you rotate.

Please answer the following questions. If you answer ‘Yes’ to any of the questions, please provide full details to the following email address: [fitnesstopractise.nw@hee.nhs.uk](mailto:fitnesstopractise.nw@hee.nhs.uk). Please mark the email ‘Confidential’ and indicate clearly which questions you have answered ‘yes’ to. Emails should be received by no later than the submission deadline (Monday 31st December 2018 at 1600, UK time).

If you would like to discuss what effect any previous convictions, police investigations or fitness to practise proceedings taken or being taken either in the UK or by an overseas licensing or regulatory body might have on your application, please contact the EMIT team on Apply.EMIT@hee.nhs.uk.

**Please answer the following questions:**

|  |  |
| --- | --- |
| 1. 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? N.B. You do not need to tell us about parking offences, but other driving offences must be declared (excluding fixed penalty notices | Yes  No |
| 1. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of? | Yes  No |
| 1. Are you aware of any current NHS Counter Fraud and Security Management Service (CFSMS) investigation following allegations made against you? | Yes  No |
| 1. Have you been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current conviction or dismissal from your employment or volunteering position?   Investigatory 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 Service Authority, or any successor bodies to the above. Note: This list is not exhaustive and you must declare any investigation conducted by an Investigatory Body. | Yes  No |
| 1. Have you ever been dismissed by reason of misconduct from any employment, volunteering, office or other position previously held by you? | Yes  No |
| 1. Have you ever been disqualified from the practice of a profession or required to practise subject to specified limitations / conditions / warnings following fitness to practise proceedings by a regulatory or licensing body in the United Kingdom or in any other country? | Yes  No |
| 1. Are you currently the subject of any investigation or fitness to practise proceeding by any licensing or regulatory body in the United Kingdom or any other country? | Yes  No |
| 1. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for any position for which you are applying? | Yes  No |
| 1. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question? | Yes  No |

**If you have answered ‘Yes’ to any of these questions**, please provide full written details by email to the following email address: [fitnesstopractise.nw@hee.nhs.uk](mailto:fitnesstopractise.nw@hee.nhs.uk). Please mark the email ‘Confidential’ and indicate clearly which questions you have answered ‘yes’ to. Emails should be received by no later than the submission deadline (Monday 31st December 2018 at 1600, UK time).

1. **Entry Qualification & Experience**

Please give details of your Primary Medical Qualification

|  |  |
| --- | --- |
| Qualification: | Click here to enter text. |
| Entry date to Medical School/University: | Click here to enter text. |
| Date of qualification: | Click here to enter text. |
| Internship Year Location: | Click here to enter text. |
| Medical School/University name: | Click here to enter text. |
| Medical School / University Address: | Click here to enter text. |
| Post Code: | Click here to enter text. |
| Country of Primary Medical Education: | Click here to enter text. |

Please give details of your Postgraduate qualification and experience

|  |  |
| --- | --- |
| Have you completed the MRCEM: | Click here to enter text. |
| Have you completed any of the MRCEM exam components | Click here to enter text. |
| Length of time in EM practice/training: | Click here to enter text. |
| Are you an ALS / ACLS provider: | Click here to enter text. |

1. **References**

Reference reports are not used at eligibility checking or at the selection centre but will be requested by the Trust that will employ you. The reference process is designed to check the accuracy of your previous employment and training history, and to provide assurance of your suitability for employment.

You must provide contact details of **three references** who have supervised your clinical training during the last two years of your employment or undergraduate training. One referee must be your current or most recent consultant or educational supervisor familiar with your clinical development.

NHS pre-employment checks require your NHS Employer to take up references spanning the last three years of work and education. You may be required to provide further referee details to your NHS employer, if appointed. You should contact your referees in advance to confirm that they will be willing to provide a reference and are available and able to do so in the time period required for selection and appointment.

|  |  |  |
| --- | --- | --- |
| Referee 1 | Referee Title: | Click here to enter text. |
| Referee Forename: | Click here to enter text. |
| Referee Surname: | Click here to enter text. |
| Job title of Referee: | Click here to enter text. |
| What was their role in relation to you: | Click here to enter text. |
| Contact email address: | Click here to enter text. |
| Referee 2 | Referee Title: | Click here to enter text. |
| Referee Forename: | Click here to enter text. |
| Referee Surname: | Click here to enter text. |
| Job title of Referee: | Click here to enter text. |
| What was their role in relation to you: | Click here to enter text. |
| Contact email address: | Click here to enter text. |
| Referee 3 | Referee Title: | Click here to enter text. |
| Referee Forename: | Click here to enter text. |
| Referee Surname: | Click here to enter text. |
| Job title of Referee: | Click here to enter text. |
| What was their role in relation to you: | Click here to enter text. |
| Contact email address: | Click here to enter text. |

1. **Confirmation and Declaration**

|  |  |
| --- | --- |
| I have met/or am expecting to meet the essential entry criteria as set out in the person specification for the programme and entry level to which I am applying: | Yes  No |

|  |  |
| --- | --- |
| 1. I declare that the information I have given in support of my application, including information supplied on this form and any attached appendices, is, to the best of my knowledge and belief true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, particularly on criminal convictions and/or fitness to practise and/or have breached the confidentiality guidance (2009) stipulated by the General Medical Council / any other licensing or regulatory body of which I am a member, my application may be disqualified. If I have already been appointed, I understand that I may be dismissed, and I may be reported to the General Medical Council or any other licensing/regulatory body of which I am a member. | Yes  No |
| 1. I understand that if I am allocated to an EMIT scheme opportunity, any subsequent contract of employment will be subject to satisfactory pre-employment checks and subject to a condition that the information provided on the application form or any related documents is correct. I also understand that pre-employment checks will be carried out to review and confirm the details of my application. | Yes  No |
| 1. I understand that employment offered in this programme is subject to satisfactory medical clearance which may include a medical examination and/or blood tests. Where applying for a medical post, I am aware of the GMC guidance on Gateways to the profession explaining how health and disability issues should be handled by education and training providers. | Yes  No |
| 1. I understand that if recommended for training I will be subject to a Disclosure and Barring Service (DBS) check (previously known as CRB). I am aware that I must inform the EMIT Recruitment Office of any new criminal convictions, police investigations or fitness to practise proceedings that arise after the completion of this application form. | Yes  No |
| 1. I have read and understood HEE’s Privacy Notice and I understand that my personal information will be processed in the manner set out in this notice or as per the agreed terms of this application form. https://www.hee.nhs.uk/about/privacy-notice | Yes  No |
| 1. I confirm that my data may be used anonymously for research and evaluation purposes in particular for the continued development of national application processes and shared with the GMC and Royal Colleges for this purpose | Yes  No |

1. **Start Dates**

|  |  |
| --- | --- |
| Please indicate which intake(s) you wish to be considered for: | June 2019 Start Date  ☐ Other Start Date (TBC) |

The start date of the EMIT Scheme can only be deferred on statutory grounds (e.g. Maternity Leave, ill health).

Do you wish to apply for a deferred start date?

Yes  No

|  |
| --- |
| If ‘Yes’ please provide your reason:  *Please note that the start of the EMIT scheme can only be deferred on statutory grounds (e.g. maternity leave, ill health):*  Click here to enter text. |
| If ‘Yes’, please give the date you are available to start in post if this is later than the advertised starting date: Click here to enter text. |

**11. Locations**

Subject to the relevant pre-employment checks by the Local Trust, EMIT posts are expected to be available in the following areas. Please note that the Trusts will need to complete pre-employment checks, including an assessment of your prescribing skills. Unfortunately, your precise location cannot be agreed at this stage.

Offers will be made in interview rank order taking your preferences and the available posts into account. Please indicate your area of preference:

|  |  |
| --- | --- |
| **Local Office:** | **Your Preference: 1 (Highest) – 17 (Lowest)** |
| **Addenbrookes Hospital**, Cambridge |  |
| **Basildon Hospital** |  |
| **Bedford Hospital** |  |
| **Broomfield Hospital**, Chelmsford |  |
| **Colchester Hospital** |  |
| **Hinchingbrooke Hospital**, Huntingdon |  |
| **Ipswich Hospital** |  |
| **James Paget Hospital**, Great Yarmouth |  |
| **Lister Hospital**, Stevenage |  |
| **Luton and Dunstable Hospital** |  |
| **Norfolk and Norwich Hospital**, Norwich |  |
| **Peterborough City Hospital** |  |
| **Princess Alexandra Hospital**, Harlow |  |
| **Queen Elizabeth Hospital**, King’s Lynn |  |
| **Southend Hospital** |  |
| **West Herts Hospital**, Watford |  |
| **West Suffolk Hospital**, Bury St Edmunds |  |

Further information about each HEE area can be found via our website: <https://hee.nhs.uk/hee-your-area>

1. **1. Linked Applications**

You can link your application to that of another applicant to ensure that you will both be allocated to the same region. You can only link to one other person – they can be a partner, friend, sibling etc. if you and another applicant wish to link applications both of you must rank all of the available posts in the same order of preference

Do you wish to link your EMIT application with another candidate?

Yes  No

|  |
| --- |
| If ‘Yes’ please provide the name of the applicant, you wish to be linked with:  Click here to enter text. |

Please note that the link will only be honoured if

* You have both requested a linked application.
* Neither you nor the other individual has been pre-allocated to a region on the grounds of special circumstances.
* You have both ranked the available posts in the same order of preference.
* There are two places available in a region when it is your turn to be allocated based on the lower of both scores.

1. **2. Special Circumstances**

If you are already based in the UK and need to be allocated to a particular region then you can apply for pre-allocation on the grounds of special circumstances if:

* You are the primary carer for a close relative
* You are the parent/legal guardian for a child/child who have significant caring responsibilities

OR

* You have a medical condition for which ongoing follow-up in a specified location is an absolute requirement

Do you wish to be considered for pre-allocation due to Special Circumstances?

Yes  No

|  |  |
| --- | --- |
| Which HEE region are you restricted to? | Click here to enter text. |
| Why do you believe that it is necessary for you to undertake training in the specific region? Please forward evidence to [Apply.EMIT@hee.nhs.uk](mailto:Apply.EMIT@hee.nhs.uk) by  31st December 2018: | Click here to enter text. |

Please don’t hesitate to contact our team with any queries you may have about this process.

By signing and returning this application you are acknowledging that you have read and understand the HEE privacy and hereby agree to its terms. You are also fully aware of your rights under the Data Protection Act (2018) and the General Data Protection Regulation (GDPR). https://www.hee.nhs.uk/about/privacy-notice

|  |  |
| --- | --- |
| Applicants Signature: | Click here to enter text. |
| Applicants Name: | Click here to enter text. |
| Date of Completion: | Click here to enter text. |

**Once the form is completed, return to** [**Apply.EMIT@hee.nhs.uk**](mailto:Apply.EMIT@hee.nhs.uk) **by no later than Monday 31st December 2018 at 1600 UK time.**

|  |  |
| --- | --- |
| In order to help us target our marketing it would be helpful if you could tell us how you found the opportunity. | Click here to enter text. |