**SAS Southwest Fellowship Application Form**

**Associate Specialists, Staff Grades and Specialty Doctors.**

Please complete this form in its entirety using the guidance notes. If you are submitting any additional sheets, please indicate on the top of each sheet your GMC number and programme.

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| **Section 1 – Personal Details** |

**The information provided in section 1 will be used to correspond with you about your application, therefore please ensure that we have the best contact details for you\*.  It will not be shared with the Fellowship Panel.**

|  |  |
| --- | --- |
| **Applicant surname\*:** |  |
| **Applicant forenames\*:** |  |
| **GMC/GDC number:** |  |
| **Preferred email address for communicating with you\*:** |  |
| **Mobile number\*:** |  |
| **Postal address\*:**  *(including postcode)* |  |
| **Please give details of your ethnicity:**  *(Please leave blank if you prefer not to answer)* |  |
| **Do you describe yourself to have a disability as described under the Equality Act 2010:** | Yes / No / Prefer not to answer |
| **Please confirm your working arrangements:** | Less Than Full Time / Full Time |
| **Please indicate your gender:** | Male / Female / Other / Prefer not to answer |

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| **Section 2 – Current employment and professional & academic qualifications** | | |

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| --- | --- |
| **Current Employing Trust:** |  |
| **Current Work Base:** |  |
| **Job Title in full:** |  |
| **Date commenced in this post:** |  |
| **Date current contract ends:** |  |
| **Is this a substantive post?** |  |

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| --- | --- | --- |
| **University/College/HEI** | **Qualifications** | **Date Awarded (Year only)** |
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| **Section 5 – Applicant eligibility** |

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| --- | --- |
| **Employer at start of course year:** |  |
| **Post occupied at start of course year:** |  |

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| --- |
| **Reason for wanting to undertake this secondment? (Max. 250 words)** |
|  |

|  |
| --- |
| **Why do you believe you would be suitable for this secondment? (max. 250 words)** |
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| **Section 6 - Declarations** |

**NB:** This application form will not be considered without the relevant supporting documentation or signatures. Please ensure all relevant signatures/supporting emails have been obtained prior to submitting this application form. Any supporting emails MUST be attached.

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| --- | --- | --- |
| **NHS England Southwest recommends that you discuss your application with your Line manager. Please confirm that you have discussed this with your departments Lead/Consultant.** | | |
| **I confirm that I have discussed my application with the following person who supports my submission:** | | Yes |
| **Full Name:** *(block capitals)* |  | |
| **Job Title:** |  | |
| **Contact email address:** |  | |
| **Directorate:** |  | |
| **Signature** | (An email in support of this application will be accepted in place of a wet signature) | |
| **Date signed/date of supporting email:** *(supporting email must be attached to application)* |  | |

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| --- | --- |
| I, the applicant, confirm that:   * The information provided in this application is true and accurate. * I have read and understood the SAS Fellowship role profile. * I will be employed in an NHS organisation in the Southwest region during the year of the fellowship. | |
| **Full Name:** *(block capitals)* |  |
| **Applicant signature:** |  |
| **Date signed:** | /     / |

***Please return the completed application by ????? on the closing date to:***

[***england.psedinfo.sw@nhs.net***](mailto:england.psedinfo.sw@nhs.net) ***with the subject heading; SAS Fellowship Application.***

**INTERVIEW DATE:**

|  |  |
| --- | --- |
| **DATE:** | Wk com: **TBC** |
| **VENUE:** | Virtual via MS Teams |

**Please complete the monitoring information on the next page.**

**Monitoring Information**

NHS Organisations recognise and actively promote the benefits of a diverse workforce. We are committed to maintain a working environment that is free from discrimination and one that promotes equality & diversity in its policies, procedures and practices.

Completion of the following questions is **voluntary** and for monitoring purposes only. Any information that you do provide will be treated in the strictest confidence.

**Please identify the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender:** |  | **Prefer not to say:** |  |
| **Age:** |  | **Prefer not to say:** |  |
| **Marital Status:** |  | **Prefer not to say:** |  |
| **Sexual orientation:** |  | **Prefer not to say:** |  |

**Please identify your religion or belief:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Atheism |  | Buddhism |  | Christianity |  | Hinduism |  |
| Islam |  | Judaism |  | Sikhism |  | Prefer not to say |  |
| Other (please specify) | | |  | | | | |

**Please identify your ethnic origin:**

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British** | Bangladeshi |  |
| Indian |  |
| Pakistani |  |
| Other Asian Background |  |
| **Black or Black British** | African |  |
| Caribbean |  |
| Other Black Background |  |
| **Chinese or Chinese British** | Chinese |  |
| Other Chinese Background |  |
| **Mixed** | White & Black African |  |
| White & Black Caribbean |  |
| White & Asian |  |
| Other Mixed Background |  |
| **White** | White-British |  |
| White-English |  |
| White-Irish |  |
| White-Scottish |  |
| White-Welsh |  |
| White-European |  |
| White Non-European |  |
| Other White background |  |
| **Other** |  |  |
| *Please state:* | |
| **Prefer not to say** |  |  |

**Do you consider yourself to have a disability according to the terms given in the Disability Discrimination Act?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

If you have answered yes, please indicate the type of impairment which applies to you. If your experience more than one type of impairment, please tick all the types that apply. If your disability does not fit any of these types, please mark Other and specify.

|  |  |  |
| --- | --- | --- |
| Physical/mobility impairment | |  |
| Visual impairment | |  |
| Hearing impairment | |  |
| Mental health condition | |  |
| Learning disability/difficulty | |  |
| Long-standing illness or health condition | |  |
| Other (Please specify) |  | |