**The Royal College of Psychiatrists**



Please complete and return this form along with your CV, Cover Letter and Diversity Monitoring Form to Human Resources Department at:

21 Prescot Street, London, E1 8BB

or by email to: [HRrecruitment@rcpsych.ac.uk](mailto:HRrecruitment@rcpsych.ac.uk)

Tel: 020 7235 2351

Application Form

|  |  |
| --- | --- |
| **Position applied for:** | **Project Officer x4 (College Centre for Quality Improvement)**  Psychiatric Liaison Accreditation Network (PLAN) and Quality Network for Crisis resolution and Home Treatment Teams (QN-CRHTT)  Quality Network for Veterans Mental Health Services (QNVMHS) and Serious Incident Review Accreditation Network (SIRAN)  Perinatal Quality Network (PQN)  Quality Network for Forensic Mental Health Services (QNFMHS)  **£27,385 per annum**  **35 hours per week**  **Permanent Contract** |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Title:** |  |
| **First name:** |  |
| **Surname:** |  |
| **Address:** |  |
|  |
| **Postcode:** |  |
| **Phone number:** |  |
| **Home phone** |  |
| **E-mail address:** |  |

**EMPLOYMENT RECORD**

**Present employment**

|  |  |
| --- | --- |
| **Employer:** |  |
| **Position Held:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Date appointed:** |  |
| **Notice period:** |  |
| **Work telephone:** |  |
| **May we contact you at work?** |  |

**REFERENCES**

Please include your current or most recent employer, and a previous employer, covering the last three years. Relatives may not be given as referees. The College will contact referees once a conditional offer of employment has been made and accepted.

**1.**

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| --- | --- |
| **Company:** |  |
| **Name of employer:** |  |
| **Job title:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Relationship:** |  |
| **Phone number:** |  |
| **E-mail address:** |  |
| **Dates of employment:** | **From:** |
| **To:** |

**2.**

|  |  |
| --- | --- |
| **Company:** |  |
| **Name of employer:** |  |
| **Job title:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Relationship:** |  |
| **Phone number:** |  |
| **E-mail address:** |  |
| **Dates of employment:** | **From:** |
| **To:** |

**ADDITIONAL INFORMATION**

List any additional information you would like us to consider in connection with your application.

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|  |

**HEALTH**

|  |
| --- |
| Do you have any particular requirements at interview or in the workplace arising from any disabilities? |
| Note: A disability or health problem does not preclude full consideration for the job and applications from suitable individuals with disabilities are welcome. |

**MISCELLANEOUS**

|  |  |
| --- | --- |
| Where did you see the advertisement? |  |
| Have you applied to the College before? |  |
| Are you legally entitled to work in the UK? (proof will be required if successful) |  |

**PREVIOUS CRIMINAL CONVICTIONS**

|  |
| --- |
| Details of any criminal convictions which are not spent: |
| Note: You are not required to provide details of any previous criminal convictions which are spent under the terms of the Rehabilitation of Offenders Act 1974. A spent or non spent conviction does not preclude full consideration for the job and applications from suitable individuals with spent or non spent convictions are welcome. |

The College will process the personal data that you have supplied on this application form in accordance with the terms of the [privacy notice](https://www.rcpsych.ac.uk/aboutthecollege/dataprotection/humanresourcesprivacynotice.aspx) for job applicants, which has been made available for you to download from the website as part of this recruitment process. The College will only process your personal data where it has a lawful basis for such processing.

**Declaration**

I declare that the information I have given on this application form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.

|  |  |
| --- | --- |
| Date: |  |
| Signature: |  |