**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

Tel: 0208 618 4000

Application Form

|  |  |
| --- | --- |
| **Position applied for:**  | **Project Officer x2****Quality Network for Prison Mental Health Services (QNPMHS), Quality Network for Psychiatric Intensive Care Units (QNPICU)** **And****Quality Network for Forensic Mental Health Services (QNFMHS)****(College Centre for Quality Improvement)****£27,385 per annum****35 hours per week** **Permanent** |

**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.**

|  |  |
| --- | --- |
| **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**

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| --- |
| Do you consider yourself to have a disability as defined by the Equality Act 2010? If yes, please tell us more: |
| *Note: The Royal College of Psychiatrists is a proud member of the Disability Confident employer scheme. To ensure we are giving candidates with disabilities as fair of an opportunity as possible, we will generally offer an interview to any applicant that declares they have a disability and meets the minimum criteria (essential) for the job.* |

**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**

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| --- |
| 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:**  |  |