**Confidential Education and Training Committee member application form**

**Please complete your application form and return it to appointments@hcpc-uk.org; alternatively please send it to Karen Flaherty, Head of Governance, Health and Care Professions Council, 184-186 Kennington Park Road, London SE11 4BU

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| **Personal Details** |
| Forename |  |
| Surname |  |
| Title |  |
| Personal email address |  |
| Home address |  |
| Home phone number |  |
| Mobile number |  |
| Work address |  |
| Work phone number |  |
| Work email address |  |
| Please indicate whether you would prefer to be contacted using your home or work contact details: |
| National Insurance number |  |
| Do you have the right to work in the UK? |  |
| Where did you hear about the role? |  |
| **Disability** |
| Under the Equality Act 2010 a person has a disability if they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to perform normal day to day activities. In order that appropriate adjustments can be made, please can you tell us if you have any health condition or disability that you consider to be relevant to your application? Yes 🞐 No 🞐 |
| **If yes, please specify:** |  |
| \*Disabled people who meet or best meet the minimum essential criteria for the role will be shortlisted for interview. Please contact Karen Flaherty (on 020 7840 1567 or at the above address) separately if you need us to make specific arrangements for completing the application form, attending an interview, or any reasonable adjustments that would need to be made to the role or working environment if your application is successful. |

The Health and Care Professions Council is working towards equality of opportunity in employment and to this end, the personal data in your application form above, and the equal opportunities and diversity monitoring form, will be detached prior to submitting application forms for shortlisting.

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| **Current Status** |
| **Profession:** *For HCPC registrants only* |  |
| **HCPC registration number:** *For HCPC registrants only* |  |

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| **Current Position** |
| Position title | Employer | Dates employed  |
|  |  |  |
| Summary of responsibilities/duties |
|  |
| Academic, professional or vocational qualifications |
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| **Current and previous public appointments** |
| Organisation | Position held | Dates  |
|  |  |  |
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| **Supporting Statement** |
| Please use this space to describe how your experience, skills and knowledge **meet the competencies, and demonstrate the values,** set out in the applicant information pack. (Maximum of 1,500 words) |
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| **Additional information** |
| Please give any additional information that may be relevant for this application, such as the dates of forthcoming holidays when you cannot be contacted. |
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| **References** |
| Please give details of two people willing to support your application **who will be available during February 2025.** Referees will not be contacted without your consent. |
| 1. Referee name
 | Referee contact details |
|  | Email |  |
| Referee position | Phone number |  |
|  | Address |  |
| Organisation/company name |
|  |
| How do you know this referee? | How long have you known this referee? |
|  |  |
| 1. Referee name
 | Referee contact details |
|  | Email |  |
| Referee position | Phone number |  |
|  | Address |  |
| Organisation/company name |
|  |
| How do you know this referee? | How long have you known this referee? |
|  |  |

**Data protection**

The information on this application form will be held securely, both hard copy and on HCPC’s computer database. Information on successful candidates may be held indefinitely. Information on unsuccessful candidates will be held for 12 months in accordance with the HCPC’s information management policies.

We reserve the right to verify the information you have provided and seek information from other sources.

The information on the equal opportunities and diversity monitoring form will only be used for monitoring the diversity of those applying to the HCPC and meet the obligations of our equality, diversity and inclusion policy. Any information required for statistical analysis will be used anonymously.

**Declaration**

I declare that all the information given on this form is, to the best of my knowledge, complete and correct. I understand that if I am appointed and any of the information I have provided is false, my appointment may be terminated.

**Print name:………………………………………………………………………...**

**Signature:…………………………………………………………………………..**

**Date:…………………………………………………………………………………**