**Application Form** (Current CV to be attached)

**Application For:** LMC Liaison Project Officer

**Reference Number:** CLMC001/21

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Education and Training:** |  |

Do you need a work permit to work in the UK? YES / NO

|  |  |
| --- | --- |
| **Information in support of your application:**  Please respond to the Required Competencies and Experience outlined in the role profile. (Max 750 words) |  |

**References:**

Please give the names, addresses and contact details of two persons as referees – one should be your present or most recent employer who we can approach for references. No approach will be made to your present employers before an offer of employment is made.

|  |  |
| --- | --- |
| **Referee 1:** | **Referee 2:** |

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Please return your application documents and CV to:**

Marcus Beacham – Director of Operations

[marcus.beachamlmc@nhs.net](mailto:marcus.beachamlmc@nhs.net)

Or by post:

Att: Marcus Beacham

Calderdale LMC

E139 Dean Clough Mills

Halifax

HX3 5AX

**Equality and Diversity Monitoring**

(Completion of this is voluntary)

**Gender:**

Male Female Non-Binary Prefer not to say

If you prefer to use your own term, please say here:

**Age:**

16-24 24-29 30-39 40-49 50-59

60-64 60+ Prefer not to say

**Ethnicity:**

**White:**

British Irish Gypsy/Irish Traveler Prefer not to say

**Mixed Groups:**

White/Black Caribbean White/Black African White/Asian

Prefer not to say

**Asian/Asian British:**

Indian Pakistani Bangladeshi Chinese Prefer not to say

**Black:**

African Caribbean Prefer not to say

**Other Group:**

Any other ethnic group, please say:

**Do you consider yourself to have a disability?** YES / NO / PREFER NOT TO SAY

What is the effect or impact of your disability or health condition on your ability to give your best at work? (please outline):

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the manager running the recruitment process if you are a job applicant.