



General
Osteopathic
Council

Application Form 1: Investigating Committee

Page 1

Application Form 1: Investigation Committee roles

This form (parts 2, 3 and 5) will be used to assess your eligibility for this role and will be kept separate from your main application (Application Form 2). It will be held securely and will not be made available to the interview panel. Information about how we use your data is contained in our Privacy Policy.

Diversity monitoring information (and personal details) will not be considered when assessing your application. Further information about why we ask for and how we use diversity data can be found below at the diversity monitoring section.

The diversity monitoring information is optional and is for monitoring purposes only.

Before starting this application please note:

Pausing your application: You can pause and save your application at any time, just click on the 'Finish later' button at the foot of the page you are on, provide your email address in the box provided and press 'Send'. Remember to check your inbox for the link so you can return to your application.

Submitting your application: To submit application forms, you will need to make sure you click 'Finish'. You will then be taken to a confirmation page. Here you will be able to save a completion receipt and a pdf version of your responses to keep for your records. Please note that you will have only **15 minutes** to download your completed application form after pressing the 'Finish' button. If you want a completion receipt remember to print or email this before you download your responses.

Further instructions on submitting your application are available in the information pack and at the end of this application form.

Mobile device users

If you are completing this form using a mobile device, you may find it useful to view certain questions in a list format, specifically questions that make use of a grid. To do this click the link above the particular question 'view as a separate question instead.'

Please read the information pack to help you complete your application.

1. Which type of position are you applying for? * Required

- Osteopath member of Investigating Committee (please provide details below)
- Lay Member of Investigating Committee
- Lay member of Investigating Committee who additionally sits as a panel chair

If you are applying for the role of osteopath member of the Investigating Committee, you need to be registered currently as an osteopath.

2. Are you registered as an osteopath? * Required

- Yes
- No

2.a. If yes, please provide your GOsC registration number:

Part 1: Your personal details

3. Surname: * Required

3.a. Forenames: * Required

3.b. Title: * Required

3.c. Address: * Required

3.d. Postcode: * Required

3.e. Preferred phone contacts

	Preferred (required) * Required	Other (optional)
Number:	<input type="text"/>	<input type="text"/>

3.f. Email address: * Required

3.g. Your geographical location: * Required

- England
- Northern Ireland
- Scotland
- Wales
- Outside the UK

Part 2: Due diligence checks

To answer the questions below you will need to read the disqualification criteria in Appendix 3 of the information pack which refers to the General Osteopathic Council (Constitution of the Statutory Committees) Rules Order 2009.

Please note that when we are reviewing this section, we may carry out checks to see how you conduct yourself on social media.

Disqualification criteria

Information about the GOsC's disqualification policy can be found in the information pack (Appendix 3).

4. Have you at any time been convicted of an offence involving dishonesty or deception in the United Kingdom for which the conviction is not a spent conviction? * *Required*

No Yes

4.a. If yes, please give details below:

5. Have you at any time been convicted of an offence in the United Kingdom, and the final outcome of the proceedings was a sentence of imprisonment or detention, and the conviction is not a spent conviction? * *Required*

No Yes

5.a. If yes, please give details below:

6. Have you at any time been removed from the office of trustee for a charity on the grounds of any misconduct or mismanagement in the administration of the charity? * Required

No Yes

6.a. If yes, please give details below:

7. Have you at any time been removed from office from any public body? * Required

No Yes

7.a. If yes, please give details below:

8. Have you at any time been declared bankrupt? * Required

No Yes

8.a. If yes, please give details below:

9. Are you subject to any disqualification order from being a company director? * *Required*

No Yes

9.a. If yes, please give details below:

10. Have you ever been included in a barring list relating to the safeguarding of vulnerable groups?
* *Required*

No Yes

10.a. If yes, please give details below:

Part 3: Declaration of interests

11. Do you have any business or personal interests that might be relevant to the work of the General Osteopathic Council and which could lead to a real or perceived conflict of interest were you to be appointed? (Failure to disclose such information could result in an appointment being terminated). *
Required

No

Yes

11.a. If yes, please give details below:

Part 4: References

12. Please give details of two referees, at least one of whom must be related to your current or recent professional activity. References may be taken prior to interview. An appointment will not be offered until we have received satisfactory references.

	Referee 1 * <i>Required</i>	Referee 2 * <i>Required</i>
Name	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
How do you know this referee?	<input type="text"/>	<input type="text"/>

Part 5: Declaration

I confirm that to the best of my knowledge and belief, the information given in my enclosed application form is complete and correct.

I further confirm that I have considered and understood the criteria for disqualification from appointment and that I do not fall within any of the descriptions of persons specified in those criteria. I understand that if I am appointed and the information I have provided is later found to be untrue, then my term of office may be terminated.

I also confirm that I have read, understood, and subscribe to the standards of probity required by public appointees as outlined in the Seven Principles of Public Life which are set out in Appendix 2 of the information pack.

I can also confirm that I am aware that if I have represented myself on social media in any way that could bring the GOsC into disrepute, previously or, if appointed, during my appointment, this could result in disqualification from the role.

13. Signature (please type your name): * Required

Dates need to be in the format 'DD/MM/YYYY' eg 27/03/2020

14. Date: * Required

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.



(dd/mm/yyyy)

We would be grateful if you could complete the Diversity Monitoring Information section on the next page to help us ensure that our recruitment processes reach the widest possible range of candidates.

Part 6 - Finding out about the role

15. How did you find out about this post? *Optional*

- Boardroom Apprentice
- Charity Jobs
- Department of Health Network
- Diversity Jobs
- Dynamic Boards
- Facebook
- The Guardian
- GOsC website
- GOsC monthly ebulletin
- GOsC email
- HM Public Appointments website
- Institute of Directors
- LinkedIn
- NI Jobs
- PARN
- Twitter
- Sunday Times
- Strictly Boardroom
- Word of mouth
- Other

15.a. If you selected Other, please specify:

Page 7: Diversity Monitoring Information

We are committed to recruiting people who reflect the diverse communities we regulate and protect. The aim of collecting the information requested in this section is to help us ensure that our recruitment processes reach the widest possible range of candidates and that we meet our public sector equality duties. This information will be separated from the rest of the application form on receipt and will **not be considered by the panel assessing your application**. You are not obliged to complete this section, although we hope you will do so. Please feel free to complete or omit any questions as you wish.

This information is collected to produce information about the diversity of the field of applicants and it may be published in aggregated form to meet our legal public sector equality duties. Further information about how we handle your data is outlined in our [privacy notice](#). The data is collected and held on the basis that you consent to provide this information for these purposes only.

Gender Identity

16. Gender identity: How do you currently identify yourself?

- Female
- Male
- Nonbinary
- Prefer to self-describe
- Prefer not to say

16.a. If you selected 'prefer to self -describe'. Please specify if you wish):

17. Is your gender identity the same as the sex you were assigned at birth?

- No
- Yes
- Prefer not to say

Age

18. Your age:

- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65+
- Prefer not to say

Disability

19. Disability discrimination legislation defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities. This means it has lasted or is expected to last at least 12 months. Taking this into account, do you consider yourself to be a person with a disability?

- No
- Yes
- Prefer not to say

20. Do you have any of the following disabilities, long term conditions, impairments or differences?

- I do not have a disability, long term condition, impairment or difference
- Dyslexia, dyscalculia, dyspraxia
- Neurodiverse (e.g. autism, ADHD, Aspergers etc)
- Long term/chronic physical health condition

- Mobility impairment or musculoskeletal condition
- Hearing impairment
- Visual impairment
- Speech impairment
- Mental health condition
- I have an impairment, health condition, learning difficulty or difference that is not listed above
(Please specify if you wish)

20.a. I have an impairment, health condition, learning difficulty or difference that is not listed above.
Please specify if you wish:

Ethnicity

21. Ethnic Origin

- Asian or Asian British
- Black or Black British
- Mixed Ethnic Background
- White or White British
- Other Ethnic Group
- Prefer not to say

21.a. Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Chinese
- Any other Asian or Asian British Background

21.a.i. Any other Asian or Asian British Background, please specify if you wish:

21.b. Black or Black British

- African
- Caribbean
- Any other Black, Black British, Caribbean and / or African Background

21.b.i. Any other Black, Black British, Caribbean and / or African Background, please specify if you wish:

21.c. Mixed Ethnic Background

- White and Asian
- White and Black African
- White and Black Caribbean
- White and Chinese
- Any other Mixed or multiple Ethnic Background

21.c.i. Any other Mixed or multiple Ethnic Background, please specify if you wish:

21.d. White or White British

- British
- English
- Irish
- Northern Irish
- Scottish
- Welsh
- Gypsy/traveller
- Polish
- Roma
- Any other White Background

21.d.i. Any other White Background, please specify if you wish:

21.e. Other Ethnic Group

- Arab
- Filipino
- Any Other Ethnic Background

21.e.i. Any other Ethnic background, please specify if you wish:

Religion

22. Which group do you identify with? Please tick one box. The options are listed alphabetically.

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Humanism/Humanist
- Jewish
- Muslim
- No religion or belief
- Pagan
- Spiritual
- Sikh
- Any other religion or belief
- Prefer not to say

22.a. Any other religion or belief, please specify if you wish:

Sexual Orientation

23. Which group do you identify with? Please tick one box. The options are listed alphabetically.

- Asexual
- Bi/Bisexual
- Gay/lesbian
- Heterosexual/straight
- Pansexual
- Queer
- Prefer to self-describe
- Prefer not to say

23.a. If you selected 'Prefer to self describe', please specify if you wish):

Marriage/Civil Partnership Status

24. Marriage and civil partnership, which group do you identify with?

- Married
- Civil partnership
- Single
- Divorced
- Widowed
- Cohabiting
- Prefer not to say
- Other

24.a. If you selected Other, please specify if you wish:

Pregnancy and maternity

25. Do you consider yourself to fall under the protected characteristic of 'pregnancy' and 'maternity'? 'Pregnancy' refers to the condition of being pregnant or expecting a baby, and 'maternity' refers to maternity leave (and includes miscarriage)

- No
- Yes
- Prefer not to say

Current working pattern

26. What best describes your current working pattern?

- Full time
- Part time
- Maternity leave, paternity leave, parental leave, adoption leave due to caring responsibilities
- Non-practising
- Unpaid carer
- Prefer not to say

Page 8: Submitting Application Form 1

Submitting Application Form 1

By clicking the **Finish** button below, you will submit Application Form 1. Remember, you will have only **15 minutes** to view and then download your completed application form after pressing the 'Finish' button.

Once you click the **Finish** button, you will be taken to a confirmation page. On this page, you will be able to save a **completion receipt** and a copy of your responses for your records.

The **completion receipt** will provide you with a record of the date and time that you submitted the application.

If you want copies of both the completion receipt **and** your responses, we suggest that you print or email your completion receipt and do this first, and **then** download your responses. If you download your responses first, you will not be able to go back and save your completion receipt.

Please note that you cannot download a pdf of both your completion receipt and your responses. But you can print or email the completion receipt and **then** download your responses.

To download your responses, click on **My responses** and then download the pdf from the new page that opens. This is available in the top box on the page.

Please click on the finish button below to submit Application Form 1.

Page 9: Thank you

Thank you

Application Form 1 has been submitted.

If you would like a record of your submission, please print or email the Completion receipt found below. You can also save a copy of your responses. To do so, click on **My responses** and then download the pdf from the new page that opens. This is available in the top box on the page.

Remember, you have only 15 minutes to view and then download your completed application form.

Please note: you cannot download a pdf of your completion receipt and your responses. If you want copies of both, you can print or email the completion receipt first and **then** download your [responses](#).

Remember to make sure you also complete Application Form 2.

If you have any further questions, please contact: Amanda Chadwick or Jane Saunders, Human Resources Team, at hr@osteopathy.org.uk
