



Application Form 1: Council Associate

This form will not be made available to the interview panel. It will be held securely and kept separate from your main application (Application Form 2).

Parts of this form will be used to assess your eligibility for this role (parts 2, 3 and 5). 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 but we would be grateful if you could complete it to help us ensure that our recruitment processes reach the widest possible range of candidates.

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

1. Please confirm you are applying for the following post *Required

Council Associate	
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2. To apply for the role of Council Associate, you need to be registered currently as an osteopath.**a. Are you registered as an osteopath? *Required**

Yes	
No	

If yes, please provide your GOsC registration number: ***Required**

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Part 1: Your personal details**3. Surname**

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a. Forenames

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b. Title

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c. Address

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d. Postcode

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e. Preferred phone contacts

Preferred (required)	Other (optional)

f. Email address

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g. Your geographical location

- ☐ 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

☐

If yes, please give details:

- 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

☐

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

☐

If yes, please give details below

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

No

☐

Yes

☐

If yes, please give details below:

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

No

☐

Yes

☐

If yes, please give details below:

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

No

☐

Yes

☐

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

☐

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

☐

If yes, please give details below:

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Part 4 – References

12. Please give details of two referees, at least one 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 *Required		Referee 2 *Required
Name		Name	
Job Title		Job Title	
Phone		Phone	
Email		Email	
How do you know this referee?		How do you know this referee?	

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 (dd/mm/yyyy)
***Required**

Part 6 – Finding out about the role

15. How did you find out about this post?

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

If you selected Other, please specify:

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.

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.

This information is collected to produce information about the diversity of the field of applicants. It may be published in aggregated form to meet our public sector equality duties in legislation. Further information about how we handle your data is outlined in our privacy policy. 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	

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?

Yes	
No	
Prefer not to say	

Age

18. Your age:

Under 20	
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?

Yes	
No	
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 (eg autism, ADHD 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 below if you wish)	

a. If you selected 'I have an impairment, health condition, learning difficulty or difference that is not listed above', please specify if you wish:

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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	

a. Asian or Asian British

Bangladeshi	
Indian	
Pakistani	
Chinese	
Any Other Asian or Asian British	
i. Any other Asian or Asian British background, please specify if you wish:	

b. Black or Black British

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

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	
i. Any other Mixed or multiple Ethnic background, please specify if you wish:	

d. White Or White British

British	
English	
Irish	
Northern Irish	
Scottish	
Welsh	
Gypsy/Traveller	
Polish	
Roma	
Any other White background	
i. Any other White background, please specify if you wish:	

e. Other Ethnic Group

Arab	
Filipino	
Any other Ethnic background	
i. Any other Ethnic background, please specify if you wish:	

Religion

22. Which religion or group do you identify with? Please tick one box.

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

Sexual Orientation

23. Which group do you identify with? Please tick one box.

Asexual	
Bi/Bisexual	
Gay/lesbian	
Heterosexual/straight	
Pansexual	
Queer	
Prefer to self-describe	
Prefer not to say	
i. 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	
i. 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 leave after a 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	

Thank you

If you have any further questions, please contact our Human Resources team at hr@osteopathy.org.uk

Please remember to make sure you complete Application Form 2. We will be unable to consider you for the role unless you complete both Application Forms.

