

Application Form 1: Patient Partner Programme

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.

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. Please confirm you are applying for the following post *

☐ Patient Partner Programme

2. To apply for the role of Patient Partner you must have firsthand experience of osteopathic treatment.

Have you received osteopathic treatment in the last 6-12 months? *

☐ Yes

☐ No

Part 1: Your personal details

3. Surname *

4. Forenames *

5. Title *

6. Address *

7. Postcode *

8. Preferred phone contact *

9. Other (optional)

10. Email address *

11. 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).

12. 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? *

- ☐ No
- ☐ Yes

13. If yes, please give details below:

14. 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? *

- ☐ No
- ☐ Yes

15. If yes, please give details below:

16. 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? *

- ☐ No
- ☐ Yes

17. If yes, please give details below:

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

- ☐ No
- ☐ Yes

19. If yes, please give details below:

20. Have you at any time been declared bankrupt? *

- ☐ No
- ☐ Yes

21. If yes, please give details below:

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

- ☐ No
- ☐ Yes

23. If yes, please give details below:

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

- ☐ No
- ☐ Yes

25. If yes, please give details below:

Part 3 – Declaration of interests

26. 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.) *

- ☐ No
- ☐ Yes

27. If yes, please give details below:

Part 4 – References

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

28. Name *

29. Job title *

30. Phone *

31. Email *

32. How do you know this referee? *

Referee 2

33. Name *

34. Job title *

35. Phone *

36. Email *

37. 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.

38. Signature (please type your name): *

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

39. Date: *

Part 6 – Finding out about the role

40. 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
- ☐ Heathwatch
- ☐ HM Public Appointments website
- ☐ Institute of Directors
- ☐ LinkedIn
- ☐ National Voices
- ☐ NI Jobs
- ☐ PARN
- ☐ Patients Association
- ☐ Patient Client Council
- ☐ Twitter
- ☐ Sunday Times
- ☐ Strictly Boardroom
- ☐ Word of mouth
- ☐ Other

41. 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

42. How do you currently identify yourself?

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

43. If you selected 'prefer to self-describe', please specify if you wish:

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Age

45. 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

46. 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

47. 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
- ☐ Neurodivergent (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.

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

Ethnicity

49. Ethnic origin

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

50. Asian or Asian British

- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ Chinese
- ☐ Any Other Asian or Asian British

51. Any other Asian or Asian British background, please specify if you wish:

52. Black or Black British

- ☐ African
- ☐ Caribbean
- ☐ Any Other Black, Black British, Caribbean and/or African Background

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

54. Mixed Ethnic Background

- ☐ White and Asian
- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ White and Chinese
- ☐ Any Other Mixed or multiple Ethnic background

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

56. White Or White British

- ☐ British
- ☐ English
- ☐ Irish
- ☐ Northern Irish
- ☐ Scottish
- ☐ Welsh
- ☐ Gypsy/Traveller
- ☐ Polish

- ☐ Roma
- ☐ Any other White background

57. Any other White background, please specify if you wish:

58. Other Ethnic Group

- ☐ Arab
- ☐ Filipino
- ☐ Any other Ethnic background

59. Any other Ethnic background, please specify if you wish:

Religion

60. 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

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

Sexual Orientation

62. 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

63. If you selected 'Prefer to self-describe', please specify if you wish:

Marriage/ Civil partnership status

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

- ☐ Married
- ☐ Civil Partnership
- ☐ Single
- ☐ Divorced
- ☐ Widowed
- ☐ Cohabiting
- ☐ Prefer not to say

☐ Other

65. If you selected Other, please specify if you wish:

Pregnancy and maternity

66. 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

67. 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

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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 also make sure to complete Application Form 2. If you want your application to be considered, you must complete both Application Forms 1 and 2.

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