



General
Osteopathic
Council

Application Form 1: Applying for GOsC Council Associates

Page 1

This part of the application is for monitoring purposes only.

It will be detached from your main application (Application Form 2) and held securely. It will not be made available to the interview panel and will not be considered when assessing your application.

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

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

☐ Council Associate

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 contacts:

	Home contacts: * Required
Mobile	
Other	

3.f. Email address: * Required

Part 2: Due diligence checks

For the questions below you will need to refer to Appendix 3 of the information pack, which refers to the General Osteopathic Council (Constitution) Order 2009.

Please note that when we are reviewing this section, we may conduct checks on 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, 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: How did you find out about this post?

11. How did you find out about this post? * *Required*

- ☐ Boardroom Apprentice
- ☐ Charity Jobs
- ☐ Department of Health network
- ☐ Diversity Jobs
- ☐ Facebook
- ☐ Guardian
- ☐ GOsC website
- ☐ HM Public Appointments website
- ☐ Institute of Directors
- ☐ LinkedIn
- ☐ NI Jobs
- ☐ PARN
- ☐ Twitter
- ☐ Sunday Times
- ☐ Strictly Boardroom
- ☐ Word of mouth
- ☐ Other

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

Part 4: Declaration of interests

12. 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

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

Part 5: References

13. 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 * Required	Referee 2 * Required
Name		
Address		
Postcode		
Phone		
Email		
How do you know this referee?		

Part 6: 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 my role.

14. Signature: * Required

15. Date: * Required

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



(dd/mm/yyyy)

We would also 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.

Page 7: Diversity Monitoring Information

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. It will be detached 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 information, although we hope you will do so. Please feel free to complete or omit any sections as you wish.

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 would like to):

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. The Disability Discrimination Act defines a person is disabled if they have a physical or mental impairment which is substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effects on their ability to carry out day-to-day activities. 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 or impairments?

- ☐ 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 or learning difficulty that is not listed above (Please specify

if you wish)

☐ I do not have a disability, long term condition or impairment

20.a. I have an impairment, health condition or learning difficulty 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

21.a.i. Any other Asian or Asian British background, please specify:

21.b. Black or Black British

- ☐ African
- ☐ Caribbean

- ☐ Any other Black, Black British, Caribbean or African background

21.b.i. Any other Black, Black British, Caribbean or African background, please specify:

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

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:

21.e. Other Ethnic Group

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

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

Religion

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

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

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

Sexual Orientation

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

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

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

Marriage/Civil Partnership Status

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

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

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

Pregnancy and maternity

25. Do you consider yourself to fall under the protected characteristic of 'pregnancy and maternity', as per the Equality Act 2010? 'Pregnancy' refers to the condition of being pregnant or expecting a baby, and 'maternity' refers to the period of 26 weeks after birth. The Equality Act 2010 protections also cover someone who has had 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
- ☐ Prefer not to say

On the next page you can print, email or download an electronic **completion receipt**. This will provide you with a record of completion, detailing the date and time that you completed the application.

If you would like to download or print a copy of your completed application form, please make sure that you click **'Finish'** and then click **'My Responses.'** Remember, you will only have **15 minutes to download** your completed application form after pressing the 'Finish' button.

Please note, if you would like to keep copies of **both** the **completion receipt** and **your completed application** you will need to **print** or **email** the **completion receipt** and **download 'My Responses.'** It is not possible to download both the completion receipt and your responses.

Please click on the finish button below.

Page 8: Thank you

In order to complete your application you also need to complete [Application Form 2](#)

Thank you for your application.

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