

Nursing and Midwifery Council

Chair appointment 2025

Information form

Before filling in this form, please read the candidate information pack and make sure that you meet the eligibility requirements and that you are not excluded from applying.

If you need any reasonable adjustments made, please contact Rhiannon Smith at rsmith@hunter-healthcare.com. This information form is available in other formats on request, such as braille or large print.

How to apply

We will need:

- **A statement on why you are suitable for the role** (no more than two pages). Please make sure you say how you meet the criteria set out in the candidate briefing pack.
- **Your CV** (no more than three pages)
- **This information form (including Equality and Diversity monitoring form) filled in and signed by you**

The deadline for applications is 09:00 on Monday 25 November 2024.

We are unable to consider applications received after this time.

If you have any initial queries regarding the above or would like further information about the selection process and role, please contact Rhiannon Smith at rsmith@hunter-healthcare.com.

Section 1 – About you	
I am a (please check the appropriate box):	
<input type="checkbox"/> Lay applicant	<input type="checkbox"/> Registrant applicant
Please give your name below If you are a Registrant please give your name as recorded on the NMC register.	
Title:	
First name(s):	Surname(s):
For Registrant applicants only: NMC registration PIN: <i>Please note that we cannot process your application without this.</i>	
In which country do you wholly or mainly <u>live</u> ?	In which country do you wholly or mainly <u>work</u> ?
(England, Northern Ireland, Scotland or Wales)	(England, Northern Ireland, Scotland or Wales)
Please confirm that you have the right to live and work in the UK	Delete as applicable
Please note that if successful we will need to see evidence of this	Yes
	No
Address for correspondence:	Home address, if different:
Preferred contact number:	Alternative contact number:

Preferred email address:	Please say how you would prefer us to contact you, by email or phone?
Please indicate where you heard about this role:	

Section 2 – Referees

Please give the name, address, telephone number and email address of two professional referees. At least one of your referees should have worked with you at Board level. We will only approach your referees if you are shortlisted. ***Please note that we will take references before interview – please ensure that your referees are aware and will be able to respond.***

Referee 1

Name:

Address:

Contact number:

Email address:

In what capacity and over what period of time has this individual known you?

Referee 2

Name:

Address:

Contact number:

Email address:

In what capacity and over what period of time has this individual known you?

Section 3 – Previous positions held

We need you to tell us about any ministerial or other Government appointments held currently or in the past five years. Please include full details of any such appointment, the period of appointment and annual remuneration or daily fee paid.

In the past five years have you held any of the following?

- **Any appointment made by or on behalf of Ministers or any other public appointment (including any role on any public or NHS body).**
- **Any Government role, health and/or social care board role or regulatory roles. This would include, for example, roles in the Department of Health and Social Care, Welsh, Northern Ireland or Scottish Government; any role working for the four Chief Nursing Officers in any of the four countries, or for bodies such as NHS England, NHS Education Scotland, Health Education and Improvement Wales, Regulatory and Quality Improvement Authority, Northern Ireland or the Care Quality Commission.**

Yes

No

If yes, please give details below.

1. Appointment or role:		Body / organisation:
From:	To:	Remuneration / allowance:
2. Appointment or role:		Body / organisation:
From:	To:	Remuneration / allowance:
3. Appointment or role:		Body / organisation:
From:	To:	Remuneration / allowance:

Section 4 – Ensuring public confidence

Section 4a – Professional and personal history

Before answering

- please read carefully the eligibility requirements and grounds for disqualification which would exclude you from being appointed set out in section 5 before you complete the following section.
- please also think about your social media presence or any other information about you that may be in the public domain.

Is there anything about your:

- professional or personal history;
- **Registrant** applicants only: fitness to practise (please include **any** investigations or proceedings concerning your fitness to practise by the NMC);
- connection with another organisation or that of anyone close to you (for example family member, business partner)

which, if brought into the public domain, may cause embarrassment or undermine public confidence in the Nursing and Midwifery Council, or nursing and midwifery regulation?

Yes

No

If you answer yes, these issues may not automatically prevent us considering your application but the issues may need to be discussed with you at various points during the application process or at preliminary or final interview stage.

Failure to disclose such information could result in your application or your appointment being terminated.

If yes, or you are unsure, please give details below including dates where applicable.

Section 4b – Potential conflicts or perceived conflicts of interest or loyalty

Please consider carefully whether you, or a close family member, has any professional, business or personal interests that might be relevant to the work of the Nursing and Midwifery Council, which could lead to an actual or perceived conflict of interest or loyalty which may call into question your integrity or independence.

Conflicts or perceived conflicts of interest usually arise where either:

- there is a potential financial or other benefit directly to you, or indirectly to someone closely connected to you, through your membership of the Council; or
- a duty or loyalty you owe to another organisation or person may conflict or compete with your role as a Council member.

Please read the separate guidance on conflicts of interest very carefully before completing this section. If you need any further advice or guidance please raise this before you complete the form with Rhiannon Smith at rsmith@hunter-healthcare.com, who will consult the NMC as necessary.

Please note that any interests declared will not necessarily prejudice your application. We may need to discuss any potential conflicts with you and/or the Selection Panel may explore interests at interview.

Do you have any actual or perceived interests that may be relevant to this appointment?

Yes

No

If yes, please give details below including dates where applicable.

Section 5 – Eligibility and disqualification criteria

Please confirm that you are eligible to carry out the role of Council member and are not disqualified (the questions below come from the Nursing and Midwifery (Constitution) Order 2008) and charity legislation.

If you are a **Lay** applicant, please complete **section 5.1**.

If you are a **Registrant** applicant, please complete **section 5.2**.

Section 5.1 Lay applicants

Please confirm that you are not and never have been a registered nurse and/or registered midwife, or, in England, a registered nursing associate. Please confirm you do not hold qualifications which would entitle you to apply for registration.

		Enter Yes or No
1	Can you confirm that you are not and never have been a registered nurse and/or midwife, or, in England, a registered nursing associate, and you do not hold qualifications which would entitle you to apply for registration?	

Please answer questions 2-12 below to confirm that you are eligible to carry out the role of Council member and are not disqualified.

Please note, answering 'Yes' to any of questions 2-12 may mean you are not eligible.

		Enter Yes or No
1	<p>Have you at any time been subject to any investigation or proceedings concerning your fitness to practise by any licensing body, the final outcome of which was:</p> <ul style="list-style-type: none"> • your erasure from a register held by the licensing body or a decision that had the effect of preventing you from practising the profession licensed or regulated by the licensing body. • your suspension from a register held by the licensing body and that suspension has not been terminated. • a decision that had the effect of only allowing you to practise that profession subject to conditions and those conditions have not been lifted. 	
2	Do you have an unspent conviction for contempt of court or for any offences involving: dishonesty or deception; terrorism; money-laundering; bribery; contravening a Charity Commission Order or Direction under s.77 of the Charities Act 2011; misconduct in public office, perjury, or perverting the course of justice; or for aiding, attempting or abetting any of these offences?	
3	Do you have an unspent conviction for any offence which involved a sentence of imprisonment or detention?	

4	Are you, or have you at any time been, included by the Disclosure and Barring Service in a barred list or have you at any time been on the sex offenders register?	
5	Are you, or have you at any time been, included by the Scottish Ministers in the children's list or the adults' list (within the meaning of the Protection of Vulnerable Groups (Scotland) Act 2007)?	
6	Are you, or have you at any time been, a designated person under specific anti-terrorist legislation?	
7	Have you at any time been removed from office as the chair, member, convenor or director of any public body on the grounds that it was not in the interests of, or conducive to the good management of, that body that you should continue to hold that office?	
8	Are you an undischarged bankrupt (or subject to bankruptcy restrictions or an interim order) or subject to any undischarged arrangement or composition with your creditors?	
9	Are you disqualified from acting as a director of a company?	
10	Have you at any time been removed from being a trustee of a charity by the Charity Commission, Office of the Scottish Charity Regulator or the Courts or been removed from management or control of any body?	
11	Have you ever been found guilty of disobedience to an order or direction of the Charity Commission under section 336(1) of the Charities Act 2011?	
12	Is there anything which would prevent you from being classed as a "fit and proper person" under the Finance Act 2010, and has HM Revenue and Customs ever ruled that you are not a "fit and proper person"?	
Section 5.2 – Registrant applicants		
		Enter Yes or No
1	Do you hold current registration as a nurse and/or midwife or, in England as a nursing associate with the Nursing and Midwifery Council and intend to maintain this throughout any term of office, including revalidating as required?	
Please answer questions 2-15 below to confirm that you are eligible to carry out the role of Council member and are not disqualified.		
Please note, answering 'Yes' to any of questions 2-15 may mean you are not eligible.		
		Enter Yes or No

2	<p>Have you at any time been subject to any investigation or proceedings concerning your fitness to practise by the Nursing and Midwifery Council or any licensing body that registered nurses or registered midwives before the Council, in the course of which, or where the final outcome was:</p> <ul style="list-style-type: none"> • your removal or being struck off the register (for a reason connected to your fitness to practise). • your registration in the register was suspended (including by an interim suspension order) and that suspension has not been terminated. • your registration in the register was made conditional upon your compliance with any requirement (including an interim conditions of practice order) and that requirement has not been lifted. • your registration in the register was annotated by virtue of a caution order and that order is still in force. 	
3	<p>Have you at any time been subject to any investigation or proceedings concerning your fitness to practise by any licensing body, the final outcome of which was:</p> <ul style="list-style-type: none"> • your erasure from a register held by the licensing body or a decision that had the effect of preventing you from practising the profession licensed or regulated by the licensing body. • your suspension from a register held by the licensing body and that suspension has not been terminated. • a decision that had the effect of only allowing you to practise that profession subject to conditions and those conditions have not been lifted. 	
4	<p>Do you have an unspent conviction for an offence involving dishonesty or deception; terrorism; money-laundering; bribery; contravening a Charity Commission Order or Direction under s.77 of the Charities Act 2011; misconduct in public office, perjury, or perverting the course of justice; or for aiding, attempting or abetting any of the above offences?</p>	

5	Do you have an unspent conviction for any offence in the UK which involved a sentence of imprisonment or detention?	
6	Have you at any time been convicted of an offence elsewhere than in the UK and your membership of the Council would be liable to undermine public confidence in the regulation of nurses, midwives and nursing associates?	
7	Are you or have you at any time been included by the Disclosure and Barring Service in a barred list; or on the sex offenders register?	
8	Are you or have you at any time been included by the Scottish Ministers in the children's list or the adults' list (within the meaning of the Protection of Vulnerable Groups (Scotland) Act 2007)?	
9	Are you or have you at any time been a designated person under specific anti-terrorist legislation?	
10	Have you at any time been removed from office as the chair, member, convenor or director of any public body on the grounds that it was not in the interests of, or conducive to the good management of, that body that you should continue to hold that office?	
11	Are you an undischarged bankrupt (or subject to bankruptcy restrictions or an interim order) or subject to any undischarged arrangement or composition with your creditors?	
12	Are you disqualified from acting as a director of a company?	
13	Have you at any time been removed from being a trustee of a charity by the Charity Commissioners, the Charity Commission or the Courts or been removed from management or control of any body?	
14	Have you ever been found guilty of disobedience to an order or direction of the Charity Commission under section 336(1) of the Charities Act 2011?	
15	Is there anything which would prevent you from being classed as a "fit and proper person" under the Finance Act 2010, and has HM Revenue and Customs ever ruled that you are not a "fit and proper person"?	

Section 6 – availability	
Preliminary interviews	
Please set out below details of all dates between 10-20 December 2024 inclusive when you would not be available for a virtual preliminary interview of around one hour.	
I am not available on the following dates:	
Discussion sessions following shortlisting	
Should you be shortlisted, prior to your final interview you will have informal discussion sessions with the Executive, Council members not on the Selection Panel, Staff Network Chairs and Unison employee representatives. These will take place between the dates below. Please let us know if there are any dates you would not be available for:	
	Comments
Between 15 January and 24 January 2025	
Final interviews	
Interviews will be held in person in London.	
Should you be shortlisted for an interview please confirm whether you are available to attend on the following date:	
	Enter Yes or No
Friday 31 January 2025	
If you are not able to attend a final interview on the above date or only at certain times please give more details here:	

Section 7 – Adjustments

We are committed to making reasonable adjustments to make sure that our processes are accessible for everyone, in line with the Equality Act 2010. If you have a disability or injury please tell us if you need any reasonable adjustments. This might include receiving our information in an alternative format (for example, large print or audio).

Do you require any adjustments as a part of the selection process?

Yes **No**

If yes, please give details below:

If you would like to discuss any potential adjustments in more detail, please contact Rhiannon Smith at rsmith@hunter-healthcare.com.

Section 8 – Declaration

In signing this declaration:

- I declare that the information contained in this application is complete and correct.
- I understand that my application may be rejected, or if I have been appointed that I may have my appointment rescinded, for withholding relevant details or giving false information.
- I confirm that I will immediately inform the NMC of any change of circumstances that affects the answers I have given.

Please type your name in the box, or use an electronic signature if available. You do not need to print, sign and scan the application form.

Signature:

Date:...../...../.....

Name:.....

Thank you for taking the time to complete this application. **The deadline for applications is 09:00, 25 November 2024.**

Please contact Rhiannon Smith at rsmith@hunter-healthcare.com should you require this document in an alternative format.

Thank you

**PLEASE NOW COMPLETE THE EQUALITY AND DIVERSITY FORM ON THE
NEXT PAGE**

Equality and Diversity monitoring form

Introduction

Please answer all the questions by clicking in the appropriate box. There is a 'prefer not to say' option for all of the questions. This information will be treated with the strictest confidence.

1 What is your age?

- | | | | |
|-----------------------------------|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Under 20 | <input type="checkbox"/> 21 – 30 | <input type="checkbox"/> 31 – 40 | <input type="checkbox"/> 41 – 50 |
| <input type="checkbox"/> 51 – 55 | <input type="checkbox"/> 56 – 60 | <input type="checkbox"/> 61 – 65 | <input type="checkbox"/> 66 – 70 |
| <input type="checkbox"/> 71 – 75 | <input type="checkbox"/> Age above 75 | <input type="checkbox"/> Prefer not to say | |

2 What is your sex?

- Female
- Male
- Prefer not to say

3 What is your gender?

- A woman
- A man
- Other or self-describe
.....
- Prefer not to say

4 Does your gender identity match your sex as registered at birth (or within 6 weeks)?

- Yes
- No
- Prefer not to say

5 What is your religion or belief?

- No religion
- Christian (including all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion please describe
.....
- Prefer not to say

6 What is your ethnic group?

(a) White

- British, English, Northern Irish, Scottish or Welsh
- Irish
- Gypsy or traveller
- Any other white background, please specify below

.....

(c) Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple ethnic background, please specify below

.....

(e) Other ethnic group

- Arab
- Any other ethnic group, please specify below

.....

(b) Black, African, Caribbean or Black British

- Caribbean
- African
- Any other Black, African or Caribbean background, please specify below

(d) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Filipino
- Any other Asian background, please specify below

.....

(f) Prefer not to say

- Prefer not to say

7 Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more?

- Yes
- No
- Prefer not to say

i. If you answered yes to Q7, do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- Yes, a lot
- Yes, a little
- Not at all
- Prefer not to say

8 Do any of these conditions or illnesses affect you in any of the following areas?
The purpose of this question is to establish the type of impairment(s) you experience currently as a result of your health condition or illness. In answering this question, you should consider whether you are affected in any of these areas while receiving any treatment or medication or using devices to help you such as a hearing aid for example.

- Vision (for example blindness or partial sight)
- Hearing (for example deafness or partial hearing)
- Mobility (for example walking short distances or climbing stairs)
- Dexterity (for example lifting and carrying objects, using a keyboard)
- Learning or understanding or concentrating
- Memory
- Mental health
- Stamina or breathing or fatigue
- Socially or behaviourally (for example associated with autism or attention deficit hyperactivity disorder (ADHD))
- Other (please specify)
.....
- None of the above
- Prefer not to say

9 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age? *Please exclude anything you do as part of your paid employment.*

- No
- Yes, 9 hours a week or less
- Yes, 10-19 hours a week
- Yes, 20-34 hours a week
- Yes, 35-49 hours a week
- Yes, 50 or more hours a week
- Other
- Prefer not to say

10 Which of the following options best describes your sexual orientation?

- Bisexual
- Gay or lesbian
- Heterosexual or straight
- Other (please specify)
.....
- Prefer not to say

11 What was the occupation of your main household earner when you were about aged 14?

- Modern professional & traditional professional occupations** such as: teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil / mechanical engineer
- Senior, middle or junior managers or administrators** such as: finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager
- Clerical and intermediate occupations** such as: secretary, personal assistant, call centre agent, clerical worker, nursery nurse
- Technical and craft occupations** such as: motor mechanic, plumber, printer, electrician, gardener, train driver
- Routine, semi-routine manual and service occupations** such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter/waitress, bar staff
- Long-term unemployed** (claimed unemployment benefit/s for more than a year)
- Small business owners** who employed less than 25 people such as: corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner
- Other** such as: retired, this question does not apply to me, I don't know
- Prefer not to say

Thank you for completing this form.