

Application

Private and Confidential

Return this form to: Ref. No:

Position applied for:

Title: Forename(s): Surname:

Address:

Postcode:

N.I. Number: Email:

Tel.(Home): Tel.(Mobile):

Current Driving Licence?

Yes No Groups: Expiry date: / /

Details of endorsements:

Are there any Restrictions on you taking up Employment in the UK?

Yes No

(If **Yes**, please provide details)

Education

Schools/Colleges/University

Qualifications Gained

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Employment History: (please complete in full and use a separate sheet if necessary)

Dates

/ /

to

/ /

Name and Address: _____

Job Title: _____ Rate of Pay: _____

Duties: _____

Reason for Leaving: _____

Notice Required: _____

Dates

/ /

to

/ /

Name and Address: _____

Job Title: _____ Rate of Pay: _____

Duties: _____

Reason for Leaving: _____

Dates

/ /

to

/ /

Name and Address: _____

Job Title: _____ Rate of Pay: _____

Duties: _____

Reason for Leaving: _____

Current membership of professional bodies (i.e. CIPD, NMC)

Please note any professional bodies you are a member of or are registered with:

Professional Registration Number (where applicable)

Registration/PIN Number (Nursing):

GMC Certificate Number (Doctors):

Other Employment

Please note any other employment that you would continue with if you were to be successful in obtaining this position.

Leisure

Please note here your leisure interests, sports and hobbies, other pastimes etc.

References

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

Name 1:

Name 2:

Position:

Position:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

May we approach the above prior to interview?

May we approach the above prior to interview?

Yes No

Yes No

General Comments

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

A large rectangular area with horizontal dashed lines for writing.

Cautions, Rehabilitation and Criminal Records

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit to a Disclosure and Barring check. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required). If **YES**, please give details.

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Special Requirements (Care Sector)

Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:

1. Your written consent to obtaining a Disclosure certificate from the Disclosure and Barring Service.
2. Such disclosure being acceptable to us.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

Declaration (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to Disclosure and Barring Service for a Disclosure Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date: / /