

# application form

private and confidential



This Application Form may be photocopied. Please use black ink or type if possible

Agency applied for:
Branch:
Date:

## Personal Details

Title	
Surname	
Previous Name	
Forenames (in full)	
Home Address	
Postcode	
Telephone No.	Mobile:
Email:	

nursing and care at its best  
**caring about the future**

Office use only: Candidate Number: .....

## Equal Opportunities

Please tick the appropriate boxes. This information is for monitoring purposes only. It will be treated in the strictest confidence and will not be used in the selection decision or to assess suitability for the job.

<b>Gender:</b>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
<b>Ethnic Origin:</b>				
White	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
			Any other background	<input type="checkbox"/>
			Please specify .....	
Mixed	White and Black Caribbean	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>
			Please specify .....	
Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
			Any other Asian background	<input type="checkbox"/>
			Bangladeshi	<input type="checkbox"/>
			Please specify .....	
Black or Black British			Caribbean	<input type="checkbox"/>
			African	<input type="checkbox"/>
			Any other black background	<input type="checkbox"/>
			Please specify .....	
Chinese or Other Ethnic Group			Chinese	<input type="checkbox"/>
			Any other ethnic group	<input type="checkbox"/>
			Please specify .....	

## Disability

This information will enable us to comply with our duties under the Equality Act 2010

Please identify any special requirements that would assist you in the recruitment process:

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## Qualifications

GENERAL	Dates Attended	Examinations taken/to be taken	Result
PROFESSIONAL QUALIFICATIONS College	Dates Attended	Qualification	Result (if applicable)
SPECIALIST COURSES Dates of Training/Course Duration	Course Organiser	Title of Course	

If you are shortlisted you may be required to provide proof of qualifications

## Present or Last Employer

Name and Address of employer:	Post held/nature of duties:	
	Date appointed:	Date left:
	Salary:	
	Allowances	
	Reason for leaving	
Postcode:	Period of notice:	
Type of business:	Are you subject to post termination restrictions?	Yes / No*

\* Delete as appropriate. If YES, and you are shortlisted, you will be asked to supply a copy of your existing employment contract.

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## Previous Employment

Complete employment history ( please explain any gaps), most recent first.

Employer	Post held / nature of duties	Dates		Reason for leaving
		From	To	

Office use only: Candidate Number: .....

## Membership of Professional Bodies

Body:	
Membership details:	
Date Obtained Membership:	
Further Details:	

## Additional Information

You are invited to give here any information relevant to the application, including the nature of your present duties, training received, special interests, current studies etc. ( If you have a current CV you may enclose this with your application)

## Asylum and Immigration

You will be required to provide evidence of your entitlement to work in the UK.

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## Disclosures

Criminal records will be taken into account for recruitment purposes if the conviction is relevant to the post applied for. Failure to disclose such convictions could result in being removed from the register of available workers.

Have you any convictions?

Yes

No

If yes, please give details of the offence(s), including date and sentence:

NB: it is normally necessary to give details of any spent convictions

The post is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and a standard / enhanced CRB disclosure will be required.

Do you consent to such an application being made?

Yes

No

Under the Rehabilitation of Offenders Act we are required to provide you with an opportunity to voluntarily disclose any convictions including offences, cautions, reprimands, bind overs or warnings. The following 2 questions are asked specifically in relation to this requirement. Declaration of such information will not necessarily bar you from undertaking the role of which you are applying.

1. Have you ever been convicted (including cautions, as per above, which are “spent”) ?

Yes

No

Juvenile

Adult

2. Are you subject to any current criminal investigations or pending prosecutions?

Yes

No

## References

Please give the names of two referees. One should be your present or latest employer or more senior member of staff. Referees are not normally approached prior to interview.

Do you wish to be notified before we approach your referees? Yes  No

Name:	_____	Name:	_____
Occupation	_____	Occupation	_____
Address:	_____	Address:	_____
Tel No.	_____	Tel No.	_____

Please state if you may be known by a different name e.g. Maiden Name: \_\_\_\_\_

## Additional Information

Do you hold a current driving licence? Yes  No

Include only if driving is a requirement of the position

Where did you see this job advertised?

- |                          |                        |                          |                      |
|--------------------------|------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | National newspaper     | <input type="checkbox"/> | Internet             |
| <input type="checkbox"/> | Local newspaper        | <input type="checkbox"/> | Professional journal |
| <input type="checkbox"/> | Other (please specify) |                          |                      |

The processing of your application may involve us in holding sensitive personal information about you, such as your ethnic or racial origin for equal opportunities purposes or your physical or mental health. In order to comply with the Data Protection Act we need your specific consent to do this. To signify your consent please tick the appropriate box.

- |                          |               |                          |                  |
|--------------------------|---------------|--------------------------|------------------|
| <input type="checkbox"/> | Consent given | <input type="checkbox"/> | Consent withheld |
|--------------------------|---------------|--------------------------|------------------|

## Declaration

I declare that all the information I have provided is true. In the event that I have provided false information I understand that I may be removed from the register of available workers.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to: \_\_\_\_\_

### FOR OFFICE USE ONLY

Acknowledged	Shortlisted Yes / No		
Interview	Date:	Time:	
Ref Requested		Ref Received	

Office use only: Candidate Number: .....