

All sections completed and [signed](#)

Application Form

Documentation	Please Tick	Notes
Right to work documentation (We do not accept work permit holders)	<input type="checkbox"/>	<ul style="list-style-type: none"> UK Passport Visa Student letter Letter from the Home Office or Case ID Number
National Insurance	<input type="checkbox"/>	<ul style="list-style-type: none"> NI Card P45/P60
Current CV	<input type="checkbox"/>	<ul style="list-style-type: none"> 5 Year work history
Portable DBS/CRB	<input type="checkbox"/>	<ul style="list-style-type: none"> Enhanced DBS Check
Proofs of Address (x2)	<input type="checkbox"/>	<ul style="list-style-type: none"> Bank/Credit card statement Utility bills Yearly statements
Proof of Qualifications	<input type="checkbox"/>	<ul style="list-style-type: none"> Degree/Diploma NVQ's
References (x2)	<input type="checkbox"/>	<ul style="list-style-type: none"> One covering five years Two covering three years
Immunisation History For workers carrying out Exposure Prone Procedures we would also require immunisation details for Hep C, HIV 1+2, Hep B surface antigen (These must be identity validated samples -IVS)	<input type="checkbox"/>	<ul style="list-style-type: none"> Hepatitis B (titre > 100) Measles Rubella TB/BCG Scar Check Varicella
Annual Mandatory training Training should be Aligned with the 'Skills for Health' Certificates (within last 12 months) Please include any additional training such as (IV, NEWS, Venipuncture etc.)	<input type="checkbox"/>	<ul style="list-style-type: none"> Basic Life Support Moving & Handling Complaints Handling Conflict Resolution Control Restraint (Mental Health) Equality & Diversity Fire Safety Food handling / Hygiene Health & Safety Infection Control (including COSHH, RIDDOR) Information Governance (CALDICOT protocols and Data Protection) Lone Worker (if applicable) POVA & POCA

		<ul style="list-style-type: none"> Skills & Drills (applicable to Registered Midwives)
NMC Statement of entry (only for qualified staff) Midwives will also be required to provide their intention to practice certificate along with their registration.	g <input type="checkbox"/>	
Passport Photographs (x2)	<input type="checkbox"/>	

Position applied for:

Personal Details

Title (please tick): Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other (please specify): _____
First name:		Do you hold a current UK Driving License?		
Middle name:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Last name:		Have you any driving convictions or endorsements?		
Address:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If YES please specify below)
Postcode:				
Mobile:				
Email:		Date of Birth:		
National Insurance Number:		Nationality:		
Do you require a work permit to work in the UK?		Are you a Student: Yes /No If Yes Provide details below?		
Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Name of College/University		

Employment History

- Please start with your present or most recent employment and work backwards. Include periods of unemployment and self-employment.
- Any discrepancies/gaps in employment dates will be investigated.
- If necessary, continue a blank piece of paper.

Present/Last Employer	Dates Employed	Position held:
Name and address of company:	From:	
	To:	Summary of responsibilities and/or achievements:
	Reason(s) for leaving:	
Telephone No:		

Employment History

<i>Previous employment record</i>	<i>Dates</i>		<i>Position held</i>
<i>Name and address of company</i>	<i>From</i>	<i>To</i>	<i>(Reason for leaving)</i>
		<i>Qualifications Achieved</i>	

Secondary and Further Education

				<i>Additional comments</i>

Professional/Vocational Qualifications

<i>Qualifications Gained e.g. NVQ , QCF, or other relevant care qualification</i>	<i>Dates Obtained</i>	<i>Awarding/Statutory Body</i>	<i>Registration No.</i>

<i>Other courses completed and ongoing studies:</i>		<i>Year:</i>
NMC Registration (Nurses Only)		
<i>Pin No:</i>		<i>DOB:</i>
<i>Expiry Date:</i>		

Personal Statement

This part of the application form gives you an opportunity to provide further information in support of your application. Please state how previous and present experience enables you to satisfy the essential and desirable criteria on the person specification. You may continue on a separate sheet if necessary. A decision to shortlist can only be based on the information provided.

References

Please state below the names and addresses of two referees (including your current or last employer) and covering at least three years of employment. These people will only be contacted if a job offer is made and verbally accepted by you. Referees should not be relatives or personal friends. We reserve the right to contact any previous employer or education establishment mentioned on this application.

EMPLOYER REFEREE (1) add details below:

EMPLOYER REFEREE (2) add details below:

Name:		Name:	
Job title:		Job title:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	

Criminal Convictions/Probity Declaration

*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 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about **convictions or cautions** which for other purposes are "spent" under the provisions of the Act, and in the event of employment, any failure to disclose such convictions or cautions could result in dismissal or disciplinary action by the Agency. Any information given will be completely confidential and will be considered only in relation to applications for positions to which the Order applies.*

Details of convictions:

Do you have any criminal convictions that have not become spent under the Rehabilitation of Offenders Act 1974 and/or any offences for which					Have you ever been disqualified from the practice of a profession or required to practice under specific limitations?				
you are currently awaiting a court appearance? Yes		No			Yes		No		
Do you have any cautions that have not become spent under the Rehabilitation of Offenders Act 1974 and/or any offences for which you are currently awaiting a Court appearance?					Has your employment or contract ever been terminated or suspended – in the UK or abroad – on grounds relating to your fitness to practice (conduct or performance?)				
Yes		No			Yes		No		

Data Protection Act 1998

This application form has been designed to provide us with sufficient basic information to carry out a preliminary assessment of your suitability for the post. The information you supply in this form is confidential and will only be used by those involved in the appointment in line with the Data Protection Act 1998.

How did you hear about this vacancy?.....

Declaration

By signing below, I confirm that the information given on this form is, to the best of my knowledge, complete and correct. I understand that any incorrect or incomplete information may lead to my application being refused, my offer of employment being withdrawn, or termination of my employment should I have commenced work.

Signature of Applicant:

Print Name:

Date: