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## Application for Employment

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Data Protection Act 1998 – Information you give on this form may be put onto our computer to assist with your application

### 1 Vacancy Details

Company applied for	<input type="text"/>	Vacancy applied for	<input type="text"/>
Source	<input type="text"/>	Vacancy reference no.	<input type="text"/>
Can work days?	<input type="text"/>	Can work nights?	<input type="text"/>
Can work weekends?	<input type="text"/>	Minimum Hours Required?	<input type="text"/>

### 2 Personal Details

Title	<input type="text"/>	Other (please specify)	<input type="text"/>
Forename	<input type="text"/>	Surname	<input type="text"/>
Previous Surnames	<input type="text"/>	NI Number	<input type="text"/>
Address & Postcode	<input type="text"/>		
Email Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Mobile Telephone	<input type="text"/>
Car Owner	<input type="text"/>	Driving License No	<input type="text"/>
Driving endorsements and reasons for them	<input type="text"/>		
Are you over 18?	<input type="text"/>	Marital Status	<input type="text"/>
Do you hold a valid passport or ID card?	<input type="text"/>	Document No	<input type="text"/>
Do you consider yourself disabled under the Disability Discrimination Act ?	<input type="text"/>		
Do you require any particular arrangements for an interview?	<input type="text"/>		
Please give details?	<input type="text"/>		
Interests & Hobbies	<input type="text"/>		

### 3 Criminal Offences

Because of the nature of the application, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. This post is subject to enhanced disclosure through the Criminal Records Bureau. Information obtained through disclosure will not necessarily preclude you from employment. The Company's policy on employing persons with convictions is available on request.

Have you ever received a caution, warning or been convicted of a criminal offence? (please answer yes or no)	<input type="text"/>
If 'yes' please give brief details	<input type="text"/>

**4 Work History** (start with the current/most recent first and including any gaps in employment with details)

Employer	Start	End	Position held & description of duties	Reason for Leaving

**5 Education and Training** (starting with the most recent first)

School/College/Uni	Start	End	Course studied	Qualification gained

**6 Qualified Nurses**

Training School	
Address & Postcode	
Start Date	
Leaving Date	
Register/Roll Number	
Register/Roll Date	
Further Qualifications	

**7 References (not family members, one should be your current/last employer)**

Name			
Company			
Address & Postcode			
Telephone		Occupation	
Name			
Company			
Address & Postcode			
Telephone		Occupation	
Name			
Company			
Address & Postcode			
Telephone		Occupation	

**8 Additional Information (for example, skills, languages, reasons for suitability)**

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**9 Medical History**

Doctors Name	<input type="text"/>	Surgery	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Telephone	<input type="text"/>

This confidential medical questionnaire must be completed in full. As a result of the information given, you may be referred to a doctor appointed by the Group so that a medical examination can be carried out.

Have you ever	No	Yes	Details/Dates
Had an operation?	<input type="checkbox"/>	<input type="checkbox"/>	
Been seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>	
Had a recurring illness?	<input type="checkbox"/>	<input type="checkbox"/>	
Received in-patient treatment for a physical/mental condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Been refused/dismissed from employment for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	
Received a disability pension?	<input type="checkbox"/>	<input type="checkbox"/>	
Been registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>	Card No/Expiry
Been made ill by your work?	<input type="checkbox"/>	<input type="checkbox"/>	
Been refused a drivers license?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or any of your family suffered from tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you ever suffered from or ever had	No	Yes	Details/Dates
Heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
Lung trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
Liver trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
Stomach trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
Skin disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Eye trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
Ear trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
Back trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
Nervous complaint?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you had any illness in the last 3 months causing	No	Yes	Details/Dates
Diarrhoea or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge from the ears?	<input type="checkbox"/>	<input type="checkbox"/>	
Boils or ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	
Other skin infections?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you or have you	No	Yes	Details/Dates
Been immunized against Hepatitis A and/or B?	<input type="checkbox"/>	<input type="checkbox"/>	
Take medicine regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
Need glasses/lenses to read?	<input type="checkbox"/>	<input type="checkbox"/>	
Suffer from any other ailments?	<input type="checkbox"/>	<input type="checkbox"/>	

Please give details of sickness absence from work in the last two years				
From	To	No Days Off	Reason	Doctors Note Submitted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**10 Declaration**

I declare that, to the best of my knowledge and belief, the information given in this application is complete and true. I understand that failure to disclose information or mislead in any way may lead to dismissal.

Signed	<input type="text"/>	Date	<input type="text"/>
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