

APPLICATION FOR EMPLOYMENT

Post applied for:

Application closing date **Date form completed**

Please use ink and CAPITAL LETTERS when you fill in this form.

Personal details

Title **Mr** ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐ tick a box

First name(s)

Surname

Address

.....

Telephone: Daytime..... **Evening**

Mobile **Email Address**

UK National Insurance Number

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?

Are you a Department of Work and Pensions New Deal candidate?

Are you an NHS Professional returning to practice?

Do you currently work in the NHS?

If you have a disability, do you require any reasonable adjustments to be made during the recruitment process, including interview?

Equality and Diversity Monitoring

Date of birth (dd/mm/yyyy)

Gender

I would describe my ethnic origin as follows:

Please indicate your religion or belief:

Do you consider yourself to have a disability?

If yes, please give details:

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Criminal Convictions

Are you currently bound over, or do you have any unspent convictions issued by a Court or Court Martial in the UK or any other country?

If yes, please give details:

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Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?

If yes, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. Please note: you do not need to tell us about parking offences:

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Are you currently bound by any barring decision made by the Independent Safeguarding Authority (ISA) from working with children?

Are you currently bound by any barring decision made by the Independent Safeguarding Authority (ISA) from working with vulnerable adults?

Please give details of:

The educational qualifications you have achieved:

Apprenticeships or training you have completed:

Courses you have attended:

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Any other skills which may be relevant to the work

Membership of Professional Bodies

Please indicate your UK professional registration status:

Professional Body and Membership

Membership/Registration/PIN number

Expiry/Renewal date

If applicable, please provide details of any conditions/restrictions you may have:

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Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?

Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?

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Please give details of your work history over the last five years.

<u>Name of employer</u>	<u>From/To</u>	<u>Brief details of duties</u>	<u>Reason for leaving</u>
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Please continue on a separate sheet if required.

Please give the names and addresses of two referees below.

Referee 1.....

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Referee 2.....

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Briefly give the reasons why you want to work in this particular role.

If there are any other facts that you think will be useful when we consider your application please list them.

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How much notice do you need to give?

Do you have a full driving licence? Any endorsements:

This post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975 and as such it will be necessary for a submission for Disclosure to be made to the Disclosure and Barring Service (formerly known as CRB) to check for any previous criminal convictions

The information in this section is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the Practice. Where applicable, I consent that the Practice can seek clarification regarding professional registration details.

I agree to the above declaration,

Signed Dated