



Application Form

STRICTLY CONFIDENTIAL

Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

PERSONAL DETAILS

Surname		First name(s)	
Address		Previous Name(s)	
		Home Telephone No.	
National Insurance No.		Mobile No.	
Immigration Details		E-mail	
Please notify us of any dates you are available for interview:			
Do you drive?		Yes	No

NEXT OF KIN

Surname		First names	
Address		Relationship	
		Telephone	

YOUR BANK DETAILS

Your Payment Details			
Name of Bank/Building Society			
Account Name		Personal	LTD
Account No		Sort Code	



PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

Date				
From	To			

EDUCATION

(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Examinations taken	Result

MANDATORY TRAINING

Please tick (X) if you have completed the following training within the last 12 months

Please enclose copies of your training certificates

Moving and Handling		Basic Life Support		Intermediate Life Support		Advanced Life Support	
Complaints Handling		Handling Violence and Aggression		Fire Safety		COSHH	
RIDDOR		Caldicott Protocols		Data Protection		Infection Control	
Lone Worker Training		Equality & Inclusion		Food Hygiene (where required to handle food)		Personal Safety (Mental Health & Learning Dis')	
Resuscitation of the Newborn (Midwifery)		Interpretation of Cardiotocograph Traces (Midwifery)		Practical			



REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?
Please tick (X)

Yes	No
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Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

Your DBS status and Uniform

Please send a copy of your most recent DBS Disclosure (formally known as CRB)

Current DBS Disclosure (formally known as CRB)	Yes	No		Yes	No	
Issue Date				Disclosure Number		
Is this certificate registered with the update service	Yes	No				

REFERENCES

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	Name	Status	Address and Telephone No
1			
2			
3			

This organisation seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked _____



TELEMEDICINE
CARE SERVICES

Period of notice required in the present post _____

Earliest start date _____

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful and information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references

Signature:		Date:	
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