

APPLICATION FORM

Personal Details

Last name

First names

Address

.....Postcode:.....

Telephone number (home)Mobile.....

NI Number

Pin Number (for Nursing Staff only)

Previous Work Experience

Please specify any previous work experience which may be relevant to the role.
Start with most recent experience:

Job title	Employer's Name (if relevant)	Employer's Address	Start & end dates	Reason for Leaving

Gaps in Employment

Please explain the reasons for any gaps in your employment history since leaving school or the last 20 years, whichever is the shorter period.

Relevant Experience

Please specify any previous experience which may be relevant to the role.

	Date

Health

Some roles, e.g. nurse or carer, require employees to use hoists, push wheelchairs and lean over beds etc. Do you have any long term illness or disability? If yes, please specify.....

.....

Have you any health problems that are related to back injury?.....

.....

NB Please note we welcome applications from disabled people and will wherever possible make reasonable adjustments under the Disability Discrimination Act 1995 should you be successful in your application.

Education and Training

<u>Qualifications</u>	<u>Date Obtained</u>

References

Please provide one character reference and two references by present or last place of work. If you have no previous employer, please provide two referees who can support your application who are not family members.

Name of Referee	Position	Name of Employer	Address & postcode	Tel. No.

Are you available for work immediately? Yes/ No

Please specify how much notice you must give your present employer.....

DECLARATION

I confirm that the information I have given on this form is correct and complete and that a misleading statement may be sufficient for cancelling any agreement made. I understand that in the event of being shortlisted for interview, I will be required to complete a confidential declaration in respect of my state of health. Because of the sensitive nature of the duties the postholder will be expected to undertake, I also understand that if I am successful my appointment will be subject to Criminal Records Bureau (CRB) and Protection of Vulnerable Adults (POVA) checks. I understand a criminal record will not necessarily be a bar to obtaining a position. A Code of Practice will be available on request.

Signed..... Name..... Date.....