

APPLICATION FORM

Position

Post Title:

Post Reference No:

Personal Details

Please complete all sections of this form carefully and clearly. The information from this form will be processed and used in accordance with the Data Protection Act for monitoring purposes.

Surname:

Forename(s):

Address:

Postcode:

Telephone Numbers

Home:

Work:

Mobile:

Email Address:

Immigration, Asylum and Nationality Act

Are you currently eligible for employment in the UK? Yes No

If you are short-listed for this post you will be asked to provide identification documentation in accordance with the Immigration, Asylum and Nationality Act 2006

Disability

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.

Do you have a disability as defined by the Equality Act? Yes No

Do you have any requirements that would aid you at interview or at work?

Yes No

If Yes, please give details:

Disclosure of Criminal Convictions and Police Cautions, Warnings and Reprimands including spent items.

Unless documentation provided in this pack states to the contrary, this post is exempt from the provisions of section 4(b) of the rehabilitation of offenders act by virtue of the rehabilitation 1974 (exemptions) order 1975 because of the nature of work involved. You are therefore not entitled to withhold information and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. We will be required to obtain a Disclosure and Barring Service Check for individuals appointed to certain posts.

Have you any convictions or cautions? Yes No

If Yes, please specify on a separate sheet of paper and attach to the application form.

Statement in Support of Your Application

Please use this space to tell us how your skills and experience match the essential and desirable skills listed in the person specification. You may use additional paper.

Employment History

Please list most recent first and provide a minimum of 10 years history where applicable.

Name of Employer:	Post Held:
Address:	
Telephone No:	Start date:
Leave Date:	Reason for leaving:
Responsibilities:	
Achievements:	

Name of Employer:	Post Held:
Address:	
Telephone No:	Start date:
Leave Date:	Reason for leaving:
Responsibilities:	
Achievements:	

Name of Employer:	Post Held:
Address:	
Telephone No:	Start date:
Leave Date:	Reason for leaving:
Responsibilities:	
Achievements:	

Name of Employer:	Post Held:
Address:	
Telephone No:	Start date:
Leave Date:	Reason for leaving:
Responsibilities:	
Achievements:	

Education and Qualifications (Please list most recent first)

Name of Establishment	From	To	Qualifications gained, including subject area	Grades

Other Training / Short Courses

Organising Body	Course and Subject

Professional Registration

If you are a member of any professional body(ies) please give details below

Professional Qualification	Professional Body	Registration / PIN	Revalidation Date

Employment References

Please provide details of two business / academic references, one of whom should be your present / last employer.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Tel No:	Tel No: Email:
Email:	

If appointed, do you have any business or other interests which would conflict with the duties of this post? Yes No

Do you hold a current driving licence? Yes No

Do you have use of a car? Yes No

I certify to the best of my knowledge, the information I have given on this application forms is true and accurate. I understand that any offer of employment is strictly subject to satisfactory references, medical clearance and Criminal Records Bureau disclosure, and that any false statement would render me liable to termination of employment. I understand that information given in this application will be held on file and processed in accordance with the Data Protection Act 1998 and that I consent to the storage and use of such information for employment purposes.

Signature:..... Date:.....

**Please return an electronic copy of this application form to:
Recruitment@sknurses.co.uk**