**APPLICATION FORM**

**The recruitment process within this organisation has a minimum of two stages.**

The completion of this application form is part of stage one. This application will be reviewed, and a decision made as to whether to proceed to stage two, the interview, based on this information.

If you have a CV, please attach that, and complete the form

PLEASE COMPLETE FULLY AND IN CAPITALS.

|  |  |
| --- | --- |
| **Position applied for:** |  |
| **Approx. no. of hours wanted** |  |
| **Full-time / Part-time**  (Please circle which you want to work) | **Contact number:**  **Email:** |
| **Surname:** | **First name(s):** |
| **Current address:** |  |
| Post code: |  |
| Do you have your own Transport?  How long has your license been held? | Clean current driving license: Y/N  Any Endorsements: Y/N  Any Points? Y/N How many? |
|  |  |

**EDUCATION**

|  |  |
| --- | --- |
| Date | Institution |
|  |  |

|  |  |
| --- | --- |
| Date of Graduation/Qualification | Location/Details |
|  |  |

**TRAINING HISTORY/PROFESSIONAL UPDATES**

**SHORT COURSES ATTENDED**

|  |  |
| --- | --- |
| Subjects | Location and date completed |
|  |  |

**NEXT OF KIN**

|  |  |
| --- | --- |
| Full name: |  |
| Relationship: |  |
| Tel no: |  |
| Address: | |

**EMPLOYMENT HISTORY**

|  |  |
| --- | --- |
| **Name and address of your most recent/last employer:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| **Name and address of Employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| **Other roles** (use additional sheet): |  |
| **Name and address of Employer prior to the employer listed above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |

Please provide details of any other relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

|  |  |
| --- | --- |
| Do you require us to make any special arrangements in order for you to participate in the **recruitment** process? For example, large print forms? Or additional time to complete forms?  Yes / No | |
| If yes, please give details: | |
| Any offer of employment may be made subject to a satisfactory medical report. | |
| GP’s name: |  |
| Tel no: |  |
| Address: |  |
| *(Your GP will not be contacted without your permission)* | |

**IDENTITY DETAILS**

|  |
| --- |
| Nursing and Midwifery Council PIN number: |
| National Insurance Number: |

**CAPACITY TO WORK IN THE UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? Y/N |  |
| If yes, please provide details. | |
| If you are successful in the application, would you require a work permit prior to taking up employment? | |

**REFEREES**

**Current or most recent Employer**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email contact: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |

**Previous employer**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email contact: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |

**Character reference**

|  |  |
| --- | --- |
| Name: |  |
| Address:  Postcode: | Tel No:  Relationship to you: |