

APPLICATION FOR EMPLOYMENT

Please complete this APPLICATION FORM using black ink as the details may be photocopied.

Post applied for: _____ Full/Part time/Sessional

Please return to: _____

Closing Date: _____

Where did you see the advert? _____ Ref: _____

1. PERSONAL DETAILS

Title: Mr/Mrs/Miss/Ms/Dr	First Name(s):	Surname:
Address:	_____	Home Telephone: _____
	_____	Mobile Telephone: _____
Post Code:	_____	E-mail address: _____
	_____	Date of Birth: _____

Please indicate if we can contact you on your work telephone number. Yes No

2. ABOUT YOURSELF

Do you hold a current Driving Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you own a car? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require a work permit to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' - Permit Number _____ Expiry Date: _____
Do you consider yourself disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' are you registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
How many days sickness absence have you had in the last 2 years? _____	Number of occasions of sickness absence in the last 2 years. _____

3. EDUCATION – (MOST RECENT FIRST)

School/College/University name and address	Dates – From/To	Qualifications Gained	Grade/Result

Professional Qualifications	Date of Qualifications	Registration No.(if applicable) eg NMC Pin No /QTS ref No /GTC ref No

4. MEMBERSHIP OF PROFESSIONAL BODIES

Professional Body	Membership No	Date admitted

5. OTHER RELEVANT TRAINING

Course	Date

6. EMPLOYMENT HISTORY (MOST RECENT FIRST)

Employer's Name and address	Date From	Date to	Position held	Reason for leaving and final salary

7. PERSONAL STATEMENT

Please say why you consider that you are suitable for the post. Relate your statement to the qualifications, knowledge, experience and skills required in the Person Specification and give examples. *Continue on another sheet if necessary*

8. REFERENCES - ONE MUST BE CURRENT OR LAST EMPLOYER

Please give the names of two referees, one of whom should be your current employer or last employer, college lecturer or teacher, the other should have knowledge of your recent work, training or education covering the past three years.

How much notice do you need to give your present employer? _____

Name	Name
Organisation	Organisation
Address	Address
Post code	Post code
Telephone number	Telephone number
Fax / Email	Fax / Email
Position held	Position held
Contact before job offer? YES/NO	Contact before job offer? YES/NO

9. DECLARATION

Do you have any criminal convictions? Yes No The information will be confirmed by the Criminal Records Bureau and we will contact you for further details if relevant.

Are you currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such regulatory body in another country?

Yes No

Have you ever been disqualified from the practice of a profession or required to practice it subject to specific limitation following a fitness to practice investigation by a regulatory body, in the UK or another country.

Yes No

If yes, please give details on a separate sheet.

I declare that the information given on this form is true and accurate to the best of my knowledge. Any false statements may be sufficient cause for rejection or if employed dismissal.

Signature: _____ Date: _____

This post is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act and therefore your entitlement to withhold information on spent convictions does not apply. Any information given will be completely confidential.

ETHNIC MONITORING

		tick in this column and, if other', write your ethnic origin
WHITE	BRITISH	
	IRISH	
	ANY OTHER WHITE BACKGROUND	
MIXED	WHITE AND BLACK CARIBBEAN	
	WHITE AND BLACK AFRICAN	
	WHITE AND ASIAN	
	ANY OTHER MIXED BACKGROUND	
ASIAN OR ASIAN BRITISH	INDIAN	
	PAKISTANI	
	BANGLADESHI	
	ANY OTHER ASIAN BACKGROUND	
BLACK OR BLACK BRITISH	CARIBBEAN	
	AFRICAN	
	ANY OTHER BLACK BACKGROUND	
CHINESE OR OTHER ETHNIC GROUP	CHINESE	
	ANY OTHER	

These categories have been adopted as the Commission for Racial Equality's standard. Any information you give will remain confidential.

Please return to the address below along with your application.

Glen Care Group, Glen house, 100 East Street, Epsom, Surrey, KT17 1EB