



**This post is exempt under the Rehabilitation of Offenders Act - ALL applicants must complete the following two sections:**

Have you had any convictions for a criminal offence in the UK or any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is YES, please give date(s) and details of ALL convictions, bind-overs and cautions, regardless of how long ago this was, and any judgements or investigations pending: ..... ..... .....		

**Please note that employment is subject to satisfactory Enhanced Disclosure, including POVA check. This procedure is undertaken by the Criminal Records Bureau.**

Have you ever been dismissed from your employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been subject to disciplinary action in the course of your employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever resigned from your post to avoid disciplinary action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**PROFESSIONAL BODY & MEMBERSHIP - required information for QUALIFIED NURSES ONLY:**

Membership/Registration/Pin No:			
Expiry/Renewal Date:		NMC - Part of Register:	
Are you currently the subject of a any investigation or proceedings by any body having regulatory functions in relation to health/social professionals including such a regulatory body in another country?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been disqualified from the practice of a profession or required to practice it subject to specific limitations following a fitness to practice investigation by a regulatory body, in the UK or another country?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**EMPLOYMENT HISTORY/UNPAID/VOLUNTARY WORK - please use a separate sheet if necessary and include details of all paid/unpaid/voluntary work you have ever undertaken:**

<b>PRESENT or MOST RECENT EMPLOYER</b>			
Name & Address of Employer:	..... .....		
Job Title:		Dates Employed:	
Current Salary & Benefits:			
Reason for Leaving:		Notice Required:	
Brief Summary of Duties:	..... ..... .....		

**PREVIOUS EMPLOYMENT (most recent first - please give full history, using a separate sheet if necessary)**

Name of Employer & Nature of Business:	..... .....		
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Job Title:		Dates Employed:	
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Reason for Leaving:			
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Brief Summary of Duties:	..... .....		
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Name of Employer & Nature of Business:	..... .....		
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Job Title:		Dates Employed:	
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Reason for Leaving:			
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Brief Summary of Duties:	..... .....		
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Name of Employer & Nature of Business:	..... .....		
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Job Title:		Dates Employed:	
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Reason for Leaving:			
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Brief Summary of Duties:	..... .....		
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Name of Employer & Nature of Business:	..... .....		
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Job Title:		Dates Employed:	
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Reason for Leaving:			
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Brief Summary of Duties:	..... .....		
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Name of Employer & Nature of Business:	..... .....		
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Job Title:		Dates Employed:	
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Reason for Leaving:			
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Brief Summary of Duties:	..... .....		
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## REFERENCES - excluding relatives

1. Please supply the full name, job title and address of the person who will supply your current or most recent employers reference:

Name: .....

Title: .....

Address: .....

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.....

Post Code: ..... Telephone No: .....

2. Please supply the full name and address of the person who will supply a character reference (NB: if you have changed position in the last 3 years, this should be your previous employer):

Name: .....

Title: .....

Address: .....

.....

.....

Post Code: ..... Telephone No: .....

3. If not currently in employment, please give the names and designations of two persons who can be contacted for character references:

Name: ..... Name: .....

Title: ..... Title: .....

Address: ..... Address: .....

.....

.....

Post Code: ..... Post Code: .....

Telephone No: ..... Telephone No: .....

**If you are selected, references will be sought prior to interview unless you indicate otherwise by ticking below:**

REFERENCE 1    Yes     No                       REFERENCE 2    Yes     No

Please state how this vacancy came to your notice:

## DECLARATION

I understand that any offer of employment will be subject to the information given on this form being correct. I also understand that appointment may be subject to a satisfactory medical examination. By signing this form, I agree the contents are correct and that if successful will form the basis of my personnel file. If unsuccessful, the form will be held on file for a period of six months along with the separate equality and diversity form. This will be held for the purposes of general monitoring of the effectiveness of equality and diversity policies. Individuals have the right to access personal data concerning themselves. This information is being given to you in accordance with the requirements of the Data Protection Act 1998.

I understand that such information may be disclosed to, recorded and used by those persons as may be necessary for the purpose of obtaining references relating to my employment records, as well as assisting the Department of Work & Pensions in their enquiries when requested.

Please tick: I confirm that I have completed this application form myself  / I needed assistance to complete this form

Signature of Applicant: ..... Date: .....

Thank you for your time and effort in completing your application.  
Please return it to Connaught House at the address on the front of this form.