



APPLICATION FORM

TO BE RETURNED TO: Signet Healthcare, 207A Field End Road, Eastcote, HA5 1QZ

PLEASE COMPLETE IN BLOCK CAPITALS

Post Applied for: _____ Ref. No. _____

PERSONAL DETAILS

Mr/Miss/Mrs/Ms/Dr/Other: _____ Home telephone No.: _____

First Name: _____ Work telephone No.: _____

Last Name: _____ Mobile telephone No.: _____

Address (for correspondence) _____ E-mail address: _____

_____ National Insurance No.: _____

_____ Are you required to hold a work permit for this

_____ employment? YES NO

_____ Expiry Date of Work Permit: _____

_____ Work Permit No.: _____

Postcode: _____ Passport No.: _____

PROFESSIONAL REFERENCES

Please give the names of two people who are able to provide references relating to your work experience and your suitability for the post applied for. One referee should be your current or most recent employer

REFEREES WILL BE APPROACHED BEFORE INTERVIEW UNLESS A CROSS IS ENTERED IN THE BOXES

1. Current/most recent employer

1. Other - previous employer

Name: _____ Name: _____

Position: _____ Position: _____

Relationship to Candidate: _____ Relationship to Candidate: _____

Address: _____ Address: _____

Telephone No.: _____ Telephone No.: _____

E-mail address: _____ E-mail address: _____

EDUCATION & QUALIFICATIONS

Secondary Education

Name of School/College	Date (From -To)	Subjects	Qualification Gained	Grade/Class	Date

Further Education (Please include internal & external courses)

Name of School/College	Date (From -To)	Subjects	Qualification Gained	Grade/Class	Date

Current Education/Training

University/College	Subject	Level	Expected date of completion

MEMBERSHIP OF PROFESSIONAL BODIES

Organisation: _____ Reg.Type/Membership Status: _____

NMC Pin No.: _____ Renewal Date: _____

First date of entry on NMC: _____

REGULATORY BODIES

Have you been involved in any disciplinary or dismissal proceedings? Yes No

Are you presently under investigation by any professional regulatory body? Yes No

Have you ever been investigated in the past? Yes No

If yes to any of the above questions please provide details below: _____

WORK PREFERENCE

Please specify which type of work you would prefer.

Type of work Learning disabilities Psychiatric Challenging behaviour
 NHS Private hospitals Nursing home Industry

 Clients in their own home Patients with Tracheostomy

 Live-in days nights visits

Positions part-time full-time

 Do you have any other work commitments? YES NO

Which areas of work do you wish to exclude?

When will you be available to start work?

Do you belong to a professional union?: YES NO

If so, which:

Expiry date of union membership:

Do you renew yearly: YES NO

Do you have professional indemnity cover: YES NO

OTHER INFORMATION

Do you hold a clean driving licence? Yes No N/A

Do you have access to a car which can be used for work purposes? Yes No N/A

EMPLOYMENT HISTORY

Please give details of employment during the past 10years. Please do not leave any gaps. Continue on blank paper (if necessary). Please do not write "see CV" across the requested information.

Job Title: _____ Employer: _____
Employer Address: _____
Phone number: _____ Grade: _____
Full or part time _____ Salary: _____
Date Appointed: _____ Main contact: _____
Date Left (if applicable): _____ Dept/Ward _____
Main responsibilities: _____
Reason for Leaving: _____

Job Title: _____ Employer: _____
Employer Address: _____
Phone number: _____ Grade: _____
Full or part time _____ Salary: _____
Date Appointed: _____ Main contact: _____
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Full or part time _____ Salary: _____
Date Appointed: _____ Main contact: _____
Date Left (if applicable): _____ Dept/Ward _____
Main responsibilities: _____
Reason for Leaving: _____

Continue on a separate sheet if necessary please provide your full work history

HEALTH RECORD

Absence over the last 12 months:

Number of days unable to work due to sickness? _____ How many different occasions? _____

Comments: _____

LANGUAGE SKILLS

In order to effectively serve the local community we require staffs that are willing to act as interpreters. If you have any language skills other than English, please indicate below.

CONFIDENTIALITY AGREEMENT

I understand that I am responsible for handling confidential information properly and I am aware of the result of a breach of confidentiality. I understand that the policy applies to electronic, manual (e.g. paper) and verbal information and that I must:

- Use password and other forms of security as instructed for confidential data
- Only access confidential information that is necessary for my job.
- Report any breaches of security to my Manager or Data Protection Manager
- Comply with the requirements of the data Protection Acts 1998 (DPA98)
- Failure to observe these rules will be regarded as serious misconduct, which may result in termination of my employment.

Name: _____ Signature: _____ Date: _____

REHABILITATION OF OFFENDERS ACT, 1974

I understand that the post applied for is NOT protected by the Rehabilitation of Offenders Act, 1974 and that I must disclose all information about all convictions (if any) in a Court of Law no matter when they occurred. In the event of employment, failure to disclose all previous convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for which the Order applies. Convictions do not necessarily exclude from employment.

Have you ever been convicted of a criminal offence? Yes No

Are you currently the subject of any criminal proceedings (for example charged or summoned but not yet dealt with) or any Police investigation? Yes No

If your answer to either of the above questions is YES, please give details below:

CRIMINAL RECORDS BUREAU & PROTECTION OF VULNERABLE ADULTS

Signet Healthcare Ltd is a registered body with Criminal records Bureau (CRB). Due to the special nature of the posts offered, ALL prospective employees will be subject to disclosure and will be required to complete the necessary documents.

DECLARATION

Are you related to an existing member of staff within Signet Healthcare Ltd? If so please give details:

I declare that to the best of my knowledge the information given on this Form is accurate and complete.

Signature: _____ Date: _____

IMPORTANT: Falsification of information on this form could result in termination of employment at a later stage.

EQUAL OPPORTUNITIES MONITORING

As part of our Equal Opportunity Policy, all applicants for employment are asked to complete the details required below. The information may be used only for the purposes of monitoring the policy as it will be separated from your application. The information it contains will not be used in deciding whether or not to invite you to interview or offer you employment.

As an Equal Opportunity Employer we aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, nationality, sex, disability, sexuality, AIDS or HIV positive status, social status or age. Please help us to achieve our aim by completing the following questions.

1. Post: _____ Ref. No. _____

2. Name in full: _____

3. Date of Birth: _____ Age: _____

4. I would describe myself as:

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> Any other ethnic group _____ | |

5. Country of birth

- UK Republic of Ireland Other EEA Non EEA

(please specify): _____

6. Gender: Male Female

7. Marital Status: Single Married Widowed
 Separated Divorced Other

8. Do you consider yourself to have a disability? Not disabled Disabled

9. Where did you hear about this vacancy?
(Please state name of publication); _____

Signature of applicant: _____ Date: _____
