

APPLICATION FORM (Confidential & Private)

Please complete this form in black ink and complete all sections

Date of Application	
Position Applying For	

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms)	Permanent Address
Surname	
Forename	
Middle name	
Home tel.	Mobile tel.
Work tel.	E-mail
Date of birth	National Insurance Number
Nationality	NMC No.
Position applying for	Date available for work
How did you hear about us?	
Do you have Own transport <input type="checkbox"/> Driving licence <input type="checkbox"/> Any licence endorsements Yes/No	
Do you require a permit to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details	

WORK PREFERENCE

(Please tick which area you are currently seeking work in)

Hospitals		Nursing Home	
Learning Disability Unit		Supported Living	
Clinics		Residential Home	
Mental Health Institution		Others, please specify	
Type of Work:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Day <input type="checkbox"/> Night

Emergency Contact Details

Address: Post Code:	Name:
	Relationship:
	Country:
	Telephone Number (HOME):
	Mobile:

Education History

Name of university/college/school	Dates-to-from	Level achieved

Any other relevant Qualifications/Training/Information

Qualification	Dates-to-from	Level achieved

Employment History
(Please start with the most recent first)

Start Date	Leaving Date	Employer's Name and Address	Position Held	Salary on Leaving

Breaks in Employment

Dates (from-to)	Reasons

Additional Information

Please list any additional information to support your application. Such information may include skills or achievements which you may consider to be of interest or summary of why you believe that you have the qualities required for the job

References

REFERENCES – Please give the name of present employer and provide previous recent employers **covering the last 5 years**. This **MUST** reflect what is stated on your CV.

College leavers – give name of lecturers/tutors/professors. If not possible, give names of persons best able to write a reference in support of your application

We cannot accept friends and relatives as referees.

REFEREE 1		REFEREE 2	
Contact Name:		Contact Name:	
Organisation:		Organisation:	
Address:		Address:	
Post Code:		Post Code:	
Telephone Number:		Telephone Number:	
Mobile Number:		Mobile Number:	
Email:		Email:	
From:	To:	From:	To:

If you are short listed, references may be taken up before interview. If you are not willing for this to be done please tick the 'NO' Box	NO	
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Criminal Convictions

This post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974. Failure to disclose all criminal convictions and cautions, including those classified as spent under the provisions of the Act may result in dismissal or disciplinary action by JS Consult Ltd.

Have you ever been convicted of a criminal offence?	Yes <input type="radio"/>	No <input type="radio"/>
If yes, please give details:		

Declaration

I certify that the information provided is complete and correct. I understand that failure to provide complete and correct information may result in the withdrawal of an offer of employment, or if already employed instant dismissal. I also give my permission for a CRB check to be carried out if necessary.

Signed Date

(Please note: If you are returning your application electronically, you will be required to sign at the interview)

Signature	Date
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PLEASE NOTE THE INFORMATION YOU ARE REQUIRED TO BRING TO THE INTERVIEW (COPIES AND ORIGINAL)

- 2 proofs of identification (Passport, Driving License, Birth Certificate, Marriage Certificate)
- 2 proofs of address (Utility Bill, Bank Statement, Phone Bill – dated within the last 3 months)
- 2 recent passport size photographs
- Certificates for any relevant training you have undertaken within the last three years
- Proof of national insurance (e.g. NI card, wage slip, P45)
- Proof to work in the UK
- Current CRB/DBS

For Office Use Only

Date application form received			
Application No.			
Documents checked and included	<input type="checkbox"/>	No	<input type="checkbox"/>
Application Withdrawn	<input type="checkbox"/>	Post Withdrawn	<input type="checkbox"/>
Shortlisted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Appointed <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Interview			
Interviewers Comments Appearance Personality Speech Attitude			
Consultant Sign _____	Date _____		