**JOB APPLICATION FORM**

Application for the post of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Details**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No. Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?

Yes No

If you have answered ‘no’ above, please select the category that relates to your current immigration status.

* Highly Skilled Migrant Programme/Tier 1 🞎 Post Graduate Doctors and Dentists
* Indefinite Leave to remain/enter 🞎 Tier 5 Temporary Workers
* Work Permit/Tier 2 🞎 Tier 5 Youth Mobility/ working holiday visa
* Dependant / Spouse visa 🞎 Refugee
* Clinical attachment visa
* Tier 4 student 🞎 Other, please specify below
* Visitor

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Please supply details of any visa currently held:

Visa No:

Start Date: (DD/MM/YY):

Expiry Date: (DD/MM/YY):

Details of any Restriction:

Does your visa have a condition restricting employment or occupation in the UK?

Yes No

Are you registered with the Nursing & Midwifery Council or Health Professionals Council? NMC HPC

Reg. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first.

**Current Job Role**

Employer Name & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Job Role & Main Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Notice required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous employment**

Please complete in chronological order (i.e. your earliest job first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **Job Role** | **From****(Mth/Yr)** | **To (Mth/Yr)** | **Reason for leaving** |
|  *e****.g.*** *Castel Froma Neuro Care* | *Care Assistant* | *April* *2017* | *December 2018* | *Resigned* |

**Employment Gaps**

|  |
| --- |
| If you have any gaps within your employment history, please state the dates and reasons for the gaps below. |
| *e.g. travelled abroad, April 2016 - October 2018*  |

**Qualifications & Education**

Please give details of all nationally recognised qualifications.

|  |  |  |
| --- | --- | --- |
| **Year of Qualification** | **Qualifications** | **School/College/University** |
|  |  |  |

**Other Training**

Please give details of training you have received that you feel is relevant to this position.

|  |  |  |  |
| --- | --- | --- | --- |
| **Training/Course Title** | **Organising Body** | **Duration** | **Mth/Yr Completed** |
|  |  |  |  |

**Additional Information**

Please give your reasons for making this application relating your qualifications, experience and personal attributes to the person specification. You may also wish to relate your own leisure and spare time interests. If necessary, please continue on a separate sheet and attach it to this form.

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**Driving Licence**

Do you hold a currently valid driving licence? Yes No

**Declaration of Criminal Records**

All posts are subject to an enhanced Disclosure & Barring Service (DBS) check.

Do you agree for the organisation to apply for an enhanced Disclosure and Barring Service (DBS) check?

Yes No

**References**

Please give details of **two** referees, one of whom should be your present/most recent employer.

Please note: No appointment will be made without receiving two satisfactory references.

**Reference 1**

Current Employer Previous Employer

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May this referee be contacted without further authorisation from you? Yes No

**Reference 2**

Current Employer Previous Employer

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May this referee be contacted without further authorisation from you? Yes No

**Declaration**

**To the best of my knowledge, the information given on this form is correct. I understand that canvassing or giving false information will disqualify my application.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Castel Froma Neuro Care is committed to bringing about equal opportunities in its employment.**