



No job too large and no detail too small!

Online Fillable PDF Form Sample

Stuart Design is yet again leading the way in combining design and technology.

We have worked with many different industries from recruitment to shipping and combine that today with global warming, we noticed a way to help!

Ask yourself the questions below:

How long do you spend filling in details from completed paper forms on to your database or into a spreadsheet?

How much does it cost to pay someone to do data input?

How much precious office space is taken up by files?

An online fillable PDF form can eradicate many issues as above:



Quick and efficient

Having the person who is filling in the form typing in the information eradicates the need for time to be wasted typing it into a system.



Automatic data consolidation

Using Adobe Acrobat, the returned forms can be automatically collated into one CSV file or Excel spreadsheet ready to upload to any database or system.



Use less paper, become greener

Using these online forms can dramatically reduce the amount of paper that you use and is much better for the environment.

Over the next few pages, there is a fully working sample form.
Please feel free to play around as much as you like.

If you have any questions or queries, please do not hesitate
to contact us on
08000 43 44 02 or
email formhelp@stuart-design.co.uk





Candidate Application Form

There are 2 ways to complete this form:

Online

To complete this form electronically, please click on the fields you wish to complete and type in your answers or click on the tick box. Once complete, please save or print a copy for your records and click the submit button on the last page to send this PDF via email back to us.

By Post/Fax

Please complete this form in full BLOCK CAPITALS and return to us at the address/fax number below.

Please feel free to contact us if you have any questions or have any problems in completing this form.

Your Personal Details

Forenames:	_____	Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr
Surname:	_____	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ____/____/____		
Address:	_____						
Home Tel:	_____	Mobile:	_____				
Work Tel:	_____	Email:	_____				
Profession:	_____	Grade:	_____				
Nearest Station:	_____	Speciality:	_____				
British Rail:	_____	Underground:	_____				

Emergency Contact

Name:	_____	Relationship:	_____
Tel No:	_____	Other Tel:	_____

Eligibility of Employment

Type of Employment: ☐ Permanent ☐ Temporary ☐ Both

Notice Period: _____ Nationality: _____

Do you have a current working visa?: ☐ Yes ☐ No Expiry Date: _____ Date of entry to UK: _____

Please tick relevant box regarding your 'Immigration Status' and 'Right to work in the UK' (If you are from the EU please enclose a photocopy of the relevant immigration stamp in your passport)

☐ EU Passport ☐ Working Holiday Visa ☐ Student Visa ☐ Right of Abode ☐ Ancestral Visa

Education & Training

EDUCATION (Please include copies of all Vocational Certificates)

University/Institution	Qualification	Date of Qualification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses Attended: _____

Equal Opportunities

The Locum Agency has an Equal Opportunities Policy which is available upon request. For the sole purpose of monitoring our Policy, please complete the following:

Gender: ☐ Male ☐ Female

White: ☐ British ☐ European ☐ Other

Asian: ☐ Bangladeshi ☐ British ☐ Indian ☐ Pakistani ☐ Other

Black: ☐ African ☐ British ☐ Caribbean ☐ European ☐ Other

Employment Requirements

Profession: _____ **Grade:** _____ **Speciality:** _____

Desired Location: _____ **Max. Travelling time to employment:** _____

Current Salary/Hourly rate: _____ **Dates available to work:** _____

Driving: ☐ I am a Car Owner ☐ I am a Car Driver ☐ Clean Licence ☐ Endorsements

Endorsement Details: _____ **Are you insured for business use?** ☐ Yes ☐ No

Are you a registered Ltd. Co? ☐ Yes ☐ No **Incorporation certificate?** ☐ Yes ☐ No

If Yes, name & address of Ltd. Company: _____

Name & address of Composite Company: _____

Are you registered with any Professional Bodies? (e.g. HPC): ☐ Yes ☐ No

If yes, please name Professional Body: _____

Registration Numbers: _____

Source

Please give details of where you found out about The Locum Agency

Recommendation (please provide name of referrer): _____

Newspaper/Magazine: _____ **Website:** _____

Career Day/Event: _____ **Other:** _____

Which trade publication(s) do you read regularly? _____

Are you registered with any other agencies? ☐ Yes ☐ No **Which ones?** _____

Working Hours

In line with with Government legislation under the terms of 'Working Time Regulations' we recommend that your working hours should not exceed 48 hours per week (averaged over a 17 week period). Should you wish to waive this right, please confirm this by ticking below:

☐ I confirm that I wish to work more than 48 hours per week.

■ ■ ■ Current & Previous Employment

Reason for Leaving

Additional Information

This should include unemployment, gaps in employment, raising a family, education or any additional information important to your application.

References

Organisation: _____
Name: _____
Address: _____
Telephone: _____
Dates Covered: _____ to _____

Department: _____
Job Title: _____
Email: _____
May we contact them immediately? ☐ Yes ☐ No

Organisation: _____
Name: _____
Address: _____
Telephone: _____
Dates Covered: _____ to _____

Department: _____
Job Title: _____
Email: _____
May we contact them immediately? ☐ Yes ☐ No

Organisation: _____
Name: _____
Address: _____
Telephone: _____
Dates Covered: _____ to _____

Department: _____
Job Title: _____
Email: _____
May we contact them immediately? ☐ Yes ☐ No

Disabilities

Do you consider that you have a disability under the terms of the Disabilities Discrimination Act? ☐ Yes ☐ No
Are you registered disabled? ☐ Yes ☐ No If yes, please outline: _____

If you have any disabilities, please let us know if we need to make adjustments for you when assisting you with your search for work, or which will be required at your place of work.

Declaration of Criminal Convictions

Have you ever been the subject of the following? ☐ Disciplinary Action ☐ Suspension ☐ Dismissal
If yes, please outline: _____

Have you ever been the subject of a conviction, caution, reprimands and warnings? ☐ Yes ☐ No
If yes, please outline: _____

Do you have a criminal proceedings pending? ☐ Yes ☐ No
If yes, please outline: _____

Do you have an original CRB disclosure certificate? ☐ Yes ☐ No Date of issue: _____
If 'yes' please supply a copy of your current CRB Certificate

Declaration of Health

Have you any physical, mental or other related problems which may effect you undertaking an assignment? ☐ Yes ☐ No
If yes, please outline: _____

Health Checks & Immunisations

Have you been in an environment where MRSA has been diagnosed?

☐ Yes

☐ No

Have you been immunised against any of the following? Please tick relevant boxes.

☐ Tuberculosis BCG

☐ Rubella

☐ Polio

☐ Tetanus

☐ Hepatitis (please supply a copy of Antibody Status)

Date of last Chest X-Ray: _____

Date of last Medical: _____

Bank & Financial Details

Bank Name: _____

Bank Address: _____

Sort Code: _____

Account Number: _____

In Name of: _____

NI Number: _____

P45 Supplied:

☐ Yes

☐ No

Please ensure that you provide us with the following documents.

- Proof of I.D (Passport, Birth Certificate Proof of Address and proof of N.I no.)
- Professional Registration Certificate (e.g. HPC)
- Proof of eligibility to work in the UK
- Certificate of Incorporation (if applicable)
- Original Qualifications Certificates.
- CRB application form & documents
- 2 Passport Photos
- Current CV

Declaration

I declare that the details given by me on this application form are correct to the best of my knowledge and belief.
I understand that if I have given any information which is false, or I withhold any relevant information, this may lead to my application being rejected, or if already appointed, to my dismissal.

I understand that information given on this form will be processed by a computer and used for registration purposes under the Data Protection Act.

I also authorise The Locum Agency to disclose any convictions declared above to any potential employers in accordance with the CRB Code of Practice and the Rehabilitation of Offenders Act.

Signed: _____

Date: _____

Print Name: _____

Print this form

Submit Application