



## APPLICATION FORM

Position Applied for \_\_\_\_\_

### Personal Details:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

Do you own a car: **Yes** ☐ **No** ☐ has a current driving licence **Yes** ☐ **No** ☐

Languages spoken \_\_\_\_\_

### Education & Training

Institution Name/Address	Qualification Achieved

Membership of Professional Body:

Name \_\_\_\_\_

### Employment

Present/Last Employer \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Duties/responsibilities:

\_\_\_\_\_



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Reason for leaving \_\_\_\_\_

Finishing Pay \_\_\_\_\_

Previous Employer \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Duties/responsibilities:

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Reason for leaving \_\_\_\_\_

Finishing Pay \_\_\_\_\_

## **Criminal Conviction:**

Do you have any criminal convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) **Yes** ☐ **No** ☐

The amendments to the exceptions order 1975 (2013) provide that certain spent convictions and cautions are "protected" and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

(Declaration subject to the Rehabilitation of Offenders Act 1974)

If yes, give details:

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If offered this position, will you continue to work in any other capacity? **Yes** ☐ **No** ☐

If yes, give details \_\_\_\_\_

## Permission to work in the UK:

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? **Yes** ☐ **No** ☐

If you are successful in your application would you require permission to work in the UK?  
**Yes** ☐ **No** ☐

## Personal Referees – only to be used if applicant has not had 3 work posts

Personal reference – not members of your own family:

Name \_\_\_\_\_

Address \_\_\_\_\_

Organisation \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Employment/Educational Reference:

Name \_\_\_\_\_

Address \_\_\_\_\_

Organisation \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_



## Additional Personal Details:

Applicants are requested to tick the relevant option to enable the organisation to monitor its equal opportunity. Monitoring is recommended by the codes of practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

- White – Irish ☐ Mixed - White and Black African ☐ Asian/Asia British – Pakistani ☐  
White – Other ☐ Mixed – White and Asian ☐ Asian/Asian British Bangladeshi ☐  
Mixed – Other ☐ Other Asian Background ☐  
Black/Black British – Caribbean ☐ Chinese ☐  
Black/Black British – African ☐ Arab ☐  
Black/Black British – Other ☐ Other ☐  
Male ☐ Female ☐ Bi-sexual ☐ Heterosexual ☐

## Recruitment Policy:

It is the organisation's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and not to discriminate against any person because of race colour, ethnic origin, national origin, sex sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise the organisation to obtain references to support this application once an offer has been made and accepted and release the organisation and referees from any liability caused by giving and receiving information.

## Declaration:

I confirm that the information given on this form is to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or dismissal, if employed.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## For Office Use Only:

Starting Date \_\_\_\_\_



# Experience Health Care Recruitment Agency Ltd

Job Offered \_\_\_\_\_

Pay \_\_\_\_\_

Hours of work \_\_\_\_\_

Department/Supervisor \_\_\_\_\_

Payroll Number \_\_\_\_\_

Recruitment Source \_\_\_\_\_

National Number \_\_\_\_\_

Proof of right to work **Yes** ☐ **No** ☐

P45 or P60 **Yes** ☐ **No** ☐

Pension Entry Date \_\_\_\_\_

Reference Requested **Yes** ☐ **No** ☐

Driving Licence Number \_\_\_\_\_

Proof of Qualification \_\_\_\_\_

## CONFIDENTIAL MEDICAL QUESTIONNAIRE - COMPREHENSIVE

**Warning to employers:** In view of the Equality Act 2010's ban on asking pre-employment questions about an applicant's health, employers are strongly advised not to request any information from a potential employee until after the job has been offered.



Please complete the questionnaire below. The information is required with your interests in mind.					
A. Have you ever:		Yes	No	Give details	
1. Had an operation?		<input type="checkbox"/>	<input type="checkbox"/>		
2. Been seriously injured?		<input type="checkbox"/>	<input type="checkbox"/>		
Had a serious physical or mental illness?		<input type="checkbox"/>	<input type="checkbox"/>		
Received in-patient treatment for a physical or mental condition?		<input type="checkbox"/>	<input type="checkbox"/>		
Been refused or dismissed from employment for health reasons?		<input type="checkbox"/>	<input type="checkbox"/>		
6. Received a disability pension?		<input type="checkbox"/>	<input type="checkbox"/>		
7. Had a disability?		<input type="checkbox"/>	<input type="checkbox"/>		
8. Been made ill by your work?		<input type="checkbox"/>	<input type="checkbox"/>		
Been refused a driver's licence because of ill health?		<input type="checkbox"/>	<input type="checkbox"/>		
Been immunised/vaccinated against any infectious illness such as influenza or hepatitis? Include dates of most recent vaccinations to indicate if they are up to date.		<input type="checkbox"/>	<input type="checkbox"/>		
Are you prepared to be vaccinated against any infectious illness that you might be at risk of catching through your work? If not, please give reasons so that the organisation's policy can be discussed with you.		<input type="checkbox"/>	<input type="checkbox"/>		
B. Do you suffer from or have you ever had:					
	<input type="checkbox"/>	eczema		ankles	<input type="checkbox"/> <input type="checkbox"/>
High blood pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anaemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Menstruation or prostate problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Headaches (frequent)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Varicose veins	Yes <input type="checkbox"/> No <input type="checkbox"/>



		dizziness			
Epilepsy/fits	Yes <input type="radio"/> No <input type="radio"/>	Hay fever	Yes <input type="radio"/> No <input type="radio"/>	Eye trouble	Yes <input type="radio"/> No <input type="radio"/>
Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>	Jaundice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nerve trouble	Yes <input type="radio"/> No <input type="radio"/>
Stroke	Yes <input type="checkbox"/> No <input type="checkbox"/>	Depression	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anxiety/Stress	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you take medicine regularly?	Have you worked in a dusty trade?		Have you ever had a head injury?		Do you suffer from any other ailments?
Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>



To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.

Signature Name

Date

Department

Job title

Employee number

Date of application or transfer