

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR:

SURNAME:	FIRST NAME:
ADDRESS:	
CONTACT TEL NUMBER:	EMAIL:

Have you made a previous application to the organisation? – Y / N If Yes – Dates & Role?	Have you ever worked for this Organisation before? Y / N If yes – Dates & Job Title?
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Do you have the Right to Work in the UK? Y / N	Please state your Immigration Status
Visa Type:	Visa Restrictions:
EU Citizen:	EU ID Card Number:

TYPE OF EMPLOYMENT: ARE YOU SEEKING (PLEASE DELETE AS APPROPRIATE)

Full Time/Part Time/Bank	Number of Hours _____	Days/Nights/Weekends	Do you have transport Y/N
Please give details of any special arrangements you would require should you be invited to an interview.			

REHABILITATION OF OFFENDERS ACT – ALL JOB ROLES WITHIN THE ORGANISATION ARE SUBJECT TO DISCLOSURE & BARRING SERVICE (DBS) CHECKS - INFORMATION GIVEN IS STRICTLY CONFIDENTIAL

Have you ever had any Criminal Convictions Y / N	Have you ever received a reprimand, caution or police warning? Y / N
If YES , please give details and dates	

EDUCATION/TRAINING/QUALIFICATIONS

School / College / University / Place of Study	Qualification	Dates Achieved

PROFESSIONAL REGISTRATION DETAILS – QUALIFIED STAFF NURSES (INCLUDING OTHER PROFESSIONS)

Place of Study	PIN Number	Qualification	Expiry Date

OTHER RELEVANT TRAINING

EMPLOYMENT HISTORY – MUST COVER THE LAST 5 YEARS OF EMPLOYMENT AND/OR EDUCATION

NAME & ADDRESS	FROM	TO	JOB TITLE	REASON FOR LEAVING
CURRENT NOTICE PERIOD				

REFERENCES – MUST COVER THE LAST 5 YEARS OF EMPLOYMENT AND/OR EDUCATION. Please use another sheet of paper if necessary

DETAILS	Reference 1	Reference 2	Reference 3
Contact Name			
Job Title			
Organisation			
Address			
Tel Number			
Email			
Dates Worked			

CHARACTER REFERENCE – IF YOU ARE UNABLE TO PROVIDE 5 YEARS’ WORTH OF EMPLOYMENT/EDUCATION REFEREES, PLEASE INCLUDE A PERSON WHO YOU HAVE KNOWN FOR OVER 5 YEARS. THIS MUST NOT BE A FAMILY MEMBER.

Contact Name	
Address	
Tel Number	
Email	
How do you know this person?	

WHERE DID YOU HEAR OF THIS VACANCY (PLEASE TICK AS APPROPRIATE)

Word of Mouth	CareHome.co.uk	Please state where if none of these apply
Facebook	Augustinian Website	
Other Website:	Current Employee	Name of Employee:

DECLARATION

I understand that an appointment, if offered, will be subject to satisfactory health clearance, references and DBS check, and will be subject to the information provided on this, or any other form, being correct. Any false or misleading information may lead to dismissal. I also understand that information provided on this form will be held on a confidential database as part of the recruitment process and that this information will be treated in a secure and confidential manner under the terms of the Data Protection Act 1998. Please see the attached Job Application Privacy Notice for further information on how we collect and use the data received.

Signature of applicant:

Date:

THANK YOU FOR YOUR APPLICATION, WE WILL BE IN CONTACT WITH YOU SHORTLY.EMAIL YOUR APPLICATION TO humanresources@anh.org.ukWebsite :www.anh.org.uk