**Application for Employment**

Please use BLOCK CAPITALS

Complete all relevant sections especially employment history and ensure referencing criteria is met.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL DETAILS | | | | | | | | | | | | | | |
| Title | | First Names | | | | | | | | | | Surname | | |
| Home Address **Postcode** | | | | | | | | | | | | | | |
| Date of Birth | | | | | | | | | | National Insurance Number | | | | |
| **Contact Details**  **Home** | | | | | | | | | | | **Work** | | | |
| **Mobile** | | | | | | | | | | | **Other** | | | |
| **Email** | | | | | | | | | | | | | | |
| **Full Clean driving Licence**  **(Please Circle)** | | | **Yes** | **No** | | **Details of any convictions** | | | | | | | | |
| **Own Transport**  **(Please Circle)** | | | **Yes** | **No** | |
| EDUCATIONAL DETAILS | | | | | | | | | | | | | | |
| Please provide details of school education, including academic, vocational and professional qualifications. | | | | | | | | | | | | | | |
| **Educational Establishment** | | | | | **Qualifications (including Grades)** | | | | | | | | **Dates** | |
| **Are you registered with the ISA?** | | | | | **Yes** | | **No** | **Reg. Number** | | | | | | |
| **Are you registered with the NMC?** | | | | | **Yes** | | **No** | **Reg. Number** | | | | | | |
| EMPLOYMENT HISTORY | | | | | | | | | | | | | | |
| Please list full employment history covering a minimum of the last 10 years. Start with present/most recent. Please ensure month/year from and to are correct. Any gaps in employment longer than 1 month must be recorded including dates and reasons. | | | | | | | | | | | | | | |
| **Dates** | **Post Held and Duties** | | | | | | | | | | | | | **Reason for Leaving** |
|  |  | | | | | | | | | | | | |  |
| REFERENCES | | | | | | | | | | | | | | |
| Please supply references to cover the last 2 years of work history. A minimum of 2 references must be supplied. Referees must have known you in a professional capacity and be linked to your employment history. We can only send reference requests to business addresses. Friends and family or other character referees and not acceptable. | | | | | | | | | | | | | | |
| **Reference 1** | | | | | | | | | | | | | | |
| **Company Name** | | | | | | | | | | | | | | |
| **Referee Name** | | | | | | | | | **Address**  **Postcode** | | | | | |
| **Referee Position** | | | | | | | | |
| **Email** | | | | | | | | |
| **Contact Number** | | | | | | | | |
| **Reference 2** | | | | | | | | | | | | | | |
| **Company Name** | | | | | | | | | | | | | | |
| **Referee Name** | | | | | | | | | **Address**  **Postcode** | | | | | |
| **Referee Position** | | | | | | | | |
| **Email** | | | | | | | | |
| **Contact Number** | | | | | | | | |

**Rehabilitation of offenders Act 1974**

Due to the nature of employment for which you are applying, these posts of employment meet the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974. All applicants who are offered employment will be subject to an enhanced criminal record check from the Criminal Records Bureau (CRB) before the appointment is confirmed. This will include details of cautions, reprimands or final warnings as well as convictions. All applicants reaching the interview stage will be shown a copy of our Recruitment of Ex-Offenders Policy and must disclose cautions, convictions and reprimands as set out in this policy. Failure to disclose convictions and cautions which are later revealed on a CRB disclosure will result in the termination of this application.

Please confirm you have read and understood this Yes [ ] No [ ] (Please tick)

**Disability Discrimination Act 1996**

Do you consider yourself to have any special needs or a disability? Yes [ ] No [ ] (Please tick)

This information is sought under the above Act and enables Fisher Healthcare Ltd to ensure compliance with the Act and its own internal equal opportunities policy.

If yes give details:

**Declaration**

I confirm that the information set out in the form is true and correct. I understand and agree that if I submit any false or misleading information, or omit any material, this may result in an offer of work being withheld or my dismissal if I have commenced working. I hereby certify that I am entitled to work in the UK and that I will provide documentary evidence to confirm this for the duration of my work. I acknowledge that if I am subject to any statutory restriction to the number of hours I work (e.g. Student Visa restrictions), I am responsible for ensuring I do not exceed the permitted number of hours. I agree that Fisher Healthcare Ltd may grant access to my application documentation, and all other personnel information, within the confines of the Data Protection Act, to internal auditors, external regulatory inspectors and other parties permitted to under contractual arrangements.

**Signed Dated**