Form AP2(H)

# Application for Employment

Private and Confidential

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| Return this form to: |  | Reference Number: |
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| Position Applied for: |  |  |
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| Personal Details | | |
| Name | Title: |  |
| Forename(s): |  |
| Surname: |  |
| Contact Information | Address: |  |
| Post Code: |  |
| Email: |  |
| Tel No. (Home): |  |
| Tel No. (Mobile) |  |
| N.I Number: |  |

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| Current Driving Licence | | | | | | |
|  | Yes: |  | No: | |  |  |
| Groups: | | |  | | |
| Expiry Date: | | |  | | |
| Details of Endorsement(s): | | |  | | |

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| Are there any restrictions on you taking up Employment in the UK? | | | | | |
|  | Yes: |  | No: |  |  |
| If Yes, Please Provide Details: | | |  | |

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| Education (please complete in full and use a separate sheet if necessary) | | |
|  | Schools/College/University Names | Qualifications Gained |
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| Employment History (please complete in full and use a separate sheet if necessary) | | |
| Last/Current Employment | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
| Notice Period: |  |
| Please explain any gaps in employment if this employment did not immediately follow your previous employment. |  |
| Previous Employment #2 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
|  | Please explain any gaps in employment if this employment did not immediately follow your previous employment. |  |
| Previous Employment #3 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
| Please explain any gaps in employment if this employment did not immediately follow your previous employment. |  |

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| Current Membership of Professional bodies (i.e. CIPD, NMC) | |
|  | Please note any professional bodies you are a member or registered with: |
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| Professional Registration Number (where applicable) | | |
|  | Registration/PIN Number (Nursing): |  |
| GMC Certificate Number (Doctors): |  |

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| Other Employment | |
|  | Please note any other employment that you would continue with if you were to be successful in obtaining the position: |
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| Leisure | |
|  | Please note here your leisure interests, sports and hobbies, other pastimes, etc.: |
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| References (please note here two persons from whom we may obtain both character and work references) | | | |
| Reference #1 | Title: | |  |
| Forename(s): | |  |
| Surname: | |  |
| Address: | |  |
| Post Code: | |  |
| Contact No. | |  |
| Position Held | |  |
| Reference #2 | Title: |  | |
| Forename(s): |  | |
| Surname: |  | |
| Address: |  | |
| Post Code: |  | |
| Contact No. |  | |
| Position Held |  | |

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| General Comments |
| Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification). |
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| Cautions, Rehabilitations & Criminal Records |
| Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. In addition you are required to submit to a Disclosure and Barring check. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential. Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required). If YES, please give details. |
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| Special Requirements (Care Sector) |
| Because this position involves the care of children and/or vulnerable adults employment is dependent on  the following:   1. Provision of a Disclosure and Barring certificate from the Disclosure and Barring Service. 2. Such disclosure being acceptable to us. 3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available). 4. Two satisfactory written references including one from your most recent employer **(this is a Legal Requirement)**. 5. That you will supply a recent photograph of yourself for retention in your records **(this is a Legal Requirement)**. 6. Evidence of physical or mental suitability for your work. 7. Documentary evidence of any qualifications relevant for the position (this is a Legal Requirement). |

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| Data Protection |
| 1. We are aware of our obligations under data protection legislation, including the obligation to collect only the data that is required for our specific purpose. The information collected in this application form is specific to our recruitment exercise and necessary for the performance of the role that you have applied for. If you are recruited for the role you have applied for, or any other role you are offered by us, the information provided will then be used for the purposes of your employment with us, together with further information collected upon recruitment for those purposes. 2. We will treat all personal information about you with utmost integrity and confidentiality. Our data protection policy sets out our approach to ensuring that your data is processed in line with the data protection principles within current data protection legislation. 3. Our privacy notice for job applicants gives you information on, amongst other things, the data we will hold about you during the recruitment exercise and what we use it for. Delete as applicable - A copy of the privacy is attached to this application form / You can view the privacy notice at (insert web address). |
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| Declaration (please read this carefully before signing this application) | | | |
| 1. I confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. 3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for a Disclosure and Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated. | | | |
| Signed: |  | Date: |  |

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| All organisations using the Disclosure and Barring Service to help assess the suitability of applicants for positions of trust and who are recipients of disclosure information must comply fully with the relevant Code of Practice. Amongst other things this obliges them to have a written policy on the recruitment of ex-offenders. This must be given to all applicants for posts where a disclosure will be requested. The Code also requires such organisations to have a written policy on the correct handling and safekeeping of Disclosure information. To assist organisations in meeting this requirement a sample policy statement on the recruitment of ex-offenders will be included with any stationery requests for Form AP2(H). |