**APPLICATION FOR EMPLOYMENT FORM**

**Equal Opportunities Monitoring Questionnare**

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| --- | --- |
| **Sex:** | |
| **Male**  **Female** |  |
| **Ethnic Origin:** | |
| **White**  **British**  **Irish**  **Other White *(please state)*** |  |
| **Mixed**  **White and Black Caribbean**  **White and Black African**  **White and Asian**  **Other Mixed**  ***(please state)*** |  |
| **Asian or Asian British**  **Indian**  **Pakistani**  **Bangladeshi**  **Other Asian**  ***(please state)*** |  |
| **Black or Black British**  **Caribbean**  **African**  **Other Black**  ***(please state)*** |  |
| **Chinese or other Ethnic**  **Chinese**  **Other**  ***(please state)*** |  |
| **Disability:** | |
| **Yes**  **No**  ***(if yes, please describe)*** |  |
| **Additional Personal Required Information:** | |
| **1. Are you related to any person who is currently a member or employee within the Caring Industry?** | |
| **Yes**  **No** |  |
| **2. Do you have any Health Problems at all that you have not disclosed with your application?** | |
| **Yes**  **No** |  |
| **If you have failed to disclose any of the above required information or have failed to disclose a criminal conviction, including 'spent ones' or have provided TELOPEA MSL with false information. The result will be instant dismissal or possible prosecution.** | |
| **The facts set forth in this application for employment are, to the best of my knowledge, true and complete** | |
| **Signed:** |  |
| **Date:** |  |

**Application for Employment (In confidence)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Applied For:** |  | | | | |
| **Temporary**  **Permanent**  **Contract** |  | | | | |
| **Salary:**  **Per Annum (£)**  **Per Hour (£)** |  | | | | |
| **PERSONAL DETAILS** | | | | | |
| **Title:**  **Mr**  **Mrs**  **Miss**  **Ms**  **Other**  ***(please specify)*** |  | | | | |
| **Surname:** |  | | | | |
| **Forename:** |  | | | | |
| **Address:** |  | | | | |
| **Day Telephone:** |  | | | | |
| **Evening Telephone:** |  | | | | |
| **Mobile:** |  | | | | |
| **Email Address:** |  | | | | |
| **Date of Birth:** |  | | | | |
| **Age:** |  | | | | |
| **NI Number:** |  | | | | |
| **Nationality:** |  | | | | |
| **Marital Status:**  **Married**  **Divorced**  **Single**  **Widowed** |  | | | | |
| **No. of Dependants:** |  | | | | |
| **Do you need a work permit to work in the UK?** | | | | | |
| **Yes**  **No** |  | | | | |
| **Next IND Interview date:  (if applicable)** |  | | | | |
| **Do you have a criminal record? *(Disclosures are subject to the Rehabilitation of Offenders Act 1974)*** | | | | | |
| **Yes**  **No** |  | | | | |
| **CRB Checked?** | | | | | |
| **Yes**  **No** |  | | | | |
| **Do you have a Driving Licence?** | | | | | |
| **Yes**  **No** |  | | | | |
| **If yes, is it clean?** | | | | | |
| **Yes**  **No** |  | | | | |
| **Do you have a Vehicle?** | | | | | |
| **Yes**  **No** |  | | | | |
| **Are you dependent upon Public Transport?** | | | | | |
| **Yes**  **No** |  | | | | |
| **Where are you willing to travel to work?** | | | | | |
| **Do you smoke?** | | | | | |
| **Yes**  **No** |  | | | | |
| **Hobbies and Interests?** | | | | | |
| **Your GP’s Name & Address:** | | | | | |
| **GENERAL INFORMATION** | | | | | |
| **How soon are you available to work?** | | | | | |
| **Do you have any holidays booked? (Please specify dates)** | | | | | |
| **SKILLS AND EXPERIENCE** | | | | | |
| **Qualifications and Grades achieved:** | | | | | |
| **Do you have a Health & Safety Certificate?** | | | | | |
| **Yes**  **No** |  | | | | |
| **Have you had experience of: *(please tick the appropriate box/es)*** | | | | | |
| **A & E Nurse**  **Auxiliary Nurse**  **Care Assistant**  **Children’s Nurse**  **Community Staff Nurse**  **D & E Grade Nurse**  **Data Engineer**  **Data Mapper**  **Ent & Urology Nurse**  **General Medical Nurse**  **Learning Disabilities Nurse**  **Macmillan Clinical Nurse Specialist**  **Mental Health Nurse**  **Widwife**  **Occupational Health Nurse**  **Oncology Nurse**  **Operations Manager**  **Ophthalmology Nurse**  **Orthopaedic & Neuro Nurse**  **Senior Staff Nurse**  **Sister/Charge Nurse**  **Staff Nurse**  **Theatre Manager** | | |  | | |
| **PROFESSIONAL QUALIFICATIONS** | | | | | |
| **Awarding Body:** |  | | | | |
| **Date Achieved:** |  | | | | |
| **Renewal Date:** |  | | | | |
| **Registration No.:** |  | | | | |
| **Date of last re-registered:** |  | | | | |
| **Expiry Date:** |  | | | | |
| **Nursing/Midwifery Registration No.:** |  | | | | |
| **EMPLOYMENT HISTORY**  ***(please provide you most recent employment first)*** | | | | | |
| **Dates From-To:** |  | | | | |
| **Job Title:** |  | | | | |
| **Company Name and Address:** |  | | | | |
| **Reason for leaving:** |  | | | | |
| **Duties Included:** |  | | | | |
| **Dates From-To:** |  | | | | |
| **Job Title:** |  | | | | |
| **Company Name and Address:** |  | | | | |
| **Reason for leaving:** |  | | | | |
| **Duties Included:** |  | | | | |
| **Dates From-To:** |  | | | | |
| **Job Title:** |  | | | | |
| **Company Name and Address:** |  | | | | |
| **Reason for leaving:** |  | | | | |
| **Duties Included:** |  | | | | |
| **Dates From-To:** |  | | | | |
| **Job Title:** |  | | | | |
| **Company Name and Address:** |  | | | | |
| **Reason for leaving:** |  | | | | |
| **Duties Included:** |  | | | | |
| **EDUCTATION & QUALIFICATIONS** | | | | | |
| **School** | | **From** | | **To** | **Examinations and Results** |
|  | |  | |  |  |
|  | |  | |  |  |
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|  | |  | |  |  |
| **College/University** | | **From** | | **To** | **Courses and Results** |
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|  | |  | |  |  |
| **Further Education/Formal Training** | | **From** | | **To** | **Courses and Results** |
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| **Professional Memberships and Qualifications:** | | | | | |
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|  | | | | | |
| **REFERENCES**  ***(Please name 2 references that we will able to take references from)*** | | | | | |
| **Contact Name:** |  | | | | |
| **Job Title:** |  | | | | |
| **Company:** |  | | | | |
| **Address:** |  | | | | |
| **Telephone No.:** |  | | | | |
| **Fax No.:** |  | | | | |
| **Contact Name:** |  | | | | |
| **Job Title:** |  | | | | |
| **Company:** |  | | | | |
| **Address:** |  | | | | |
| **Telephone No.:** |  | | | | |
| **Fax No.:** |  | | | | |
| **I give authorisation for TELOPEA MSL to obtain references from the above stated contacts details relating to my employment or this application.** | | | | | |
| **Signed:** |  | | | | |
| **Date:** |  | | | | |
| **May we approach either referee before interview?** | | | | | |
| **Yes**  **No** |  | | | | |

Please return the completed application to:

78 Tavistock street

Victoria House

Bedford

MK40 2RP

For Office Use Only

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