



# Application for Employment

Please complete this form accurately, giving as many details as possible of your skills and experience relating to this job application. Shortlisting will be based on the information gathered from the form, read in conjunction with the person specification. You will be advised of the outcome of your application in writing unless advised otherwise.

Please ensure the finished form is printed out, signed, dated and returned by the closing date to the address given on the last page. We are unable to accept forms returned as email attachments without a signature.

Please either type directly in this form and print out **OR** hand write in **BLOCK CAPITALS** and black ink.

<b>POSITION APPLIED FOR:</b>
Job Title:
Reference Number:
Where did you see this post advertised?

<b>1. APPLICANTS DETAILS</b>		
<b>Title:</b>	<b>Surname:</b>	<b>First Name(s):</b>
<b>Home Address:</b>		
Post Code:		

<b>Telephone No's: (Please include full STD codes)</b>
Home:
Work:
Mobile:
Email Address:

Is there anything concerning your medical history Or state of health that is relevant to your application?	<b>Yes* / No</b> *If Yes, please refer to the Equal Opportunities monitoring form
Are there any restrictions regarding your employment? E.g. Do you require a Work Permit / Visa	<b>Yes* / No</b> * If Yes, please supply details on a separate sheet of paper
How much notice do you need to give to your current employer?	



## 2. EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post. If you wish to expand on specific areas of responsibility, please do so in Section 5: Experience / Skills

Current or Most Recent Employment	
Employer's Name & Address:	Job Title:
	Start Date:
	End Date: (If applicable)
	Salary and Grade:

Outline of key skills developed and key achievements:

--

### Please give details of your previous employment

Name of Employer / Dates from and To:	Position and brief outline of duties:	Reason for leaving & Salary:

### Sickness Absence

How many days of sickness absence have you taken in the last two years:

--





## 5. EXPERIENCE / SKILLS

Please address below how you best meet the criteria set out in the job description / person specification, particularly relating to your specialist knowledge, skills and competencies. You should provide examples of how you have used specific knowledge, skills and competencies. Please continue on a separate sheet if necessary.

## 6. REFERENCES

Please give name, address and position / occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

1. Name:
Position:
Organisation:
Address:
Email:

2. Name:
Position:
Organisation:
Address:
Email:

## 7. CRIMINAL CONVICTIONS

Do you have any criminal convictions? \*Yes / No

\*If Yes, please give details on a separate sheet. This should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.

## 8. DECLARATION AND SIGNATURE

**Data Protection:** We take our obligations under data protection legislation seriously. These require us to explain how the data you provide on the application form and any other data, which may be created in connection with your application, may be used. Any data about you will be held in secure conditions, with access restricted to those who need it in connection with dealing with your application and selection. Data may also be used for the purposes of monitoring the effectiveness of our selection processes, but in these circumstances, all data will be anonymous.

I declare the information I have given is, to the best of my knowledge and belief, true and complete. I understand that my application may be rejected or, if I have been appointed, that I may be dismissed for withholding relevant details or giving false information.

Signature:

Date:

**Thank you for completing the form.** Please print your completed form and return – together with your completed Equal Opportunities monitoring form – to:

**UK Independent Medical, Indigo House, Belmont Business Park, Durham, DH1 1TW**



# Equal Opportunities Monitoring Form

## STRICTLY CONFIDENTIAL

Please either type directly in this form and print out OR hand write in BLOCK CAPITALS and black ink, and return with your Application Form.

If you are appointed to a position with UK Independent Medical, the information you provide will be placed on the personal file created for you as an employee. If you are not appointed the information will be stored confidentially for a period of three months, together with all other recruitment papers, and then destroyed.

### DATA PROTECTION ACT 1998

The information submitted on this form is used to monitor the effectiveness of UK Independent Medicals Equality Policy, at no time is it used as part of the selection process for interview or appointment and will only be used for purposes of providing statistical returns within the company.

#### 1. ETHNIC ORIGIN

Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic grouping. UK citizens can belong to any of the groups listed below.

Asian or Asian British - Bangladeshi		Mixed – White & Black African	
Asian or Asian British - Indian		Mixed – White & Asian	
Asian or Asian British - Pakistani		Mixed – White & Black Caribbean	
Other Asian background		Other Mixed background	
Black or Black British - African		White – British	
Black or Black British - Caribbean		White – Irish	
Other Black background		Other White background	
Chinese		Other Ethnic background. Please specify	

#### 2. GENDER

Male		Female	
------	--	--------	--

#### 3. DATE OF BIRTH:

<b>4. DISABILITY</b>				If Yes, please provide details of the nature of the disability:
Do you consider yourself disabled?	Yes	No		

#### 5. NATIONALITY:

<b>NAME:</b>	<b>REFERENCE NO.</b>
--------------	----------------------