**NSF HEALTH LTD**

**Application Form**

**Position Applied For:** ………………………………………………................................

**Personal Details:**

|  |
| --- |
| Title:  |
| First name :  |
| Middle name :  |
| Surname:  |
| Date of Birth:  |
| Tel. number:  |
| Email:  |
| Full Address:Post code: |
| National Insurance Number: |
| Name of your Next of Kin/Emergency Contact:Relationship to you:Contact tel number: |

**Are you applying for:**

Temporary work – such as summer or holiday work? Yes [ ] No [ ]

Regular part-time work? Yes [ ] No [ ]

Regular full-time work? Yes [ ] No [ ]

**Days/Hours Available:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat**  | **Sun** |
|  |  |  |  |  |  |  |

If employed, on what date can you start working? \_\_\_ / \_\_\_ / \_\_\_

Can you work evenings? Yes [ ] No [ ]

Do you have a full or provisional UK Driving Licence? Yes [ ] No [ ]

 Full [ ] Provisional [ ]  *(tick one)*

 Do you have your own transport? Yes [ ] No [ ]

Do you have an On-Line DBS which we can check; if so please provide the Reference Number?

 Yes [ ] No [ ]

DBS Update Service Ref No:

**Employment History**

Present/most recent employer:

|  |  |
| --- | --- |
| Name:  |  |
|  Address:  |  |
| Tel no:  |  |
| Type of business:  |  |
| Post held  |  |
|  Employment dates:   | From: To: |
| Responsibilities:  |  |
| Reason for wishing to leave:   |  |
| Notice required:  |  |

Previous Employment (attach additional sheet if required):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Position Held | Salary | From /To | Reasons for leaving |
|  |  |  |  |  |

*( Please attach additional sheet if required)*

 **Education and Training**

Please give details of your education since age 11 and qualifications obtained.

|  |  |  |  |
| --- | --- | --- | --- |
| School/College/University | From | To | Results/Qualification |
|  |  |  |  |

*(Please attach an additional sheet if required)*

Please give details of any relevant training and dates obtained

|  |  |
| --- | --- |
| Training: | Date obtained: |
|  |  |

**Additional Information**

Is there anything else that you would like to say in support of your application (attach an additional sheet if required)

|  |
| --- |
|  |

 **References**

Please give details of **two referees**, the first of which should be your most recent employer. The second should be a personal reference from a person (not a relative or friend) who has known you for at least three years and is a professional (e.g. teacher, nurse, Minister of Religion).

 Name: ……………………………………………………

Occupation:……………………………………………….

Company Name:…………………………………………

 Address: …………………………………………………

 Post code: ……………………………….......................

 Telephone: ………………………………………………

Relationship to applicant: ……………………………..

May we take up this reference now? Yes [ ] No [ ]

Name: ……………………………………………………

Position : …………………………………………………

Address: ………………………………………………….

Post code: ……………………………………………….

Telephone: ………………………………………………

 Relationship to applicant: ……………………………..

May we take up this reference now? Yes [ ] No [ ]

**Declaration**

I confirm that the information contained in this application is true and complete. I accept that providing deliberately false information could result in my dismissal.

Print Name:………………………………………………..

Sign: ………………………………….……………………

Date: ……………………………………………………..

 **Health Declaration**

I confirm that I consider myself to be well enough in my physical and mental health to cope with the demands of the post I have applied for with NSF HEALTH LTD.

Print Name: …………………………………………………

Sign: ………………………………………………………….

Date: .………………………………………………………….

**Equal Opportunity Monitoring Form**

NSF HEALTH LTD is an Equal Opportunity Employer. The company operates a policy that aims to ensure unfair discrimination does not place. In order to help the company monitor the effectiveness of its recruitment policy, you are asked to provide the information requested below. This information is requested solely so that appointment procedures can be monitored. The ethnic groupings listed below are those agreed by the Commission for Racial Equality. The details supplied are confidential and will only be seen by a designated senior officer at the company. Please complete the form and seal it in the enclosed envelope before returning it with your application.

 Position applied for…………..……………………………….

Surname: ……………………………………………………….

Forename(s):……………………………………………………

Date of Birth: …………………………………………………..

Where did you see this post advertised?:

……………………………………………………………………

Gender (please tick) Female [ ] Male [ ]

Do you have a disability or medical condition?: (please tick) Yes [ ] No [ ]

Please describe your disability or medical condition:

…………………………………………………………….

To which of the following groups do you belong (please tick one only):

Black - African [ ] Black – Caribbean [ ] Black – Other [ ]

Chinese [ ] Indian [ ] Pakistani [ ]

White British [ ] White Other [ ]

Other (specify below)

……………………………………………

Please state any languages, other than English, in which you are a fluent speaker:

 ……………………………………………………………………………………..………

Date: ………………………………………………..

**Rehabilitation Of Offenders Act**

 As NSF HEALTH LTD meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants will be subject to an Enhanced Disclosure check from the Criminal Records Bureau before the appointment is made permanent.

The Enhanced Disclosure check will include details of police cautions, reprimands or final warnings, as well as convictions. It will also contain any non-conviction information from local police records that is considered relevant and any relevant information held by the Department for Education and Employment and the Department of Health.

Applicants are therefore not entitled to withhold information about convictions, police cautions, reprimands or final warnings, which for other purposes are considered ‘spent’ under the provisions of the Act. You are also required to provide any further information that may be considered relevant to an Enhanced Disclosure check. In the event of employment, any failure to disclose such information will result in dismissal or disciplinary action by

NSF HEALTH LTD

Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

As part of your Enhanced Disclosure application please provide the following details:

Title:

First name:

Middle name (s):

Last name:

Are you known by any other names?: Yes [ ] No [ ]

If *Yes* please provide any previous **names** and **dates** when names changed below:

|  |
| --- |
|  |

Place of Birth:

Current Nationality:

Have you changed your Nationality?: Yes [ ] No [ ]

If Yes please provide your previous Nationality and date when it changed below:

|  |
| --- |
|  |

Please provide details of your addresses in the last 5 years below:

|  |  |  |
| --- | --- | --- |
| Address | From: | To: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please give details of all convictions, police cautions, reprimands and final warnings as well as any other information relevant to an Enhanced Disclosure check. (If this does not apply to you, please state “***No Information To Declare*”**).

|  |
| --- |
|   |

**All applicants need to sign the declaration below**:

I declare that the information entered by me in this application is a true and complete record.

Print Name:…………………………………………………….

Sign: ……………………………………………………………

Date: ……………………………………………………………

**Bank Details**

|  |  |
| --- | --- |
| **Name of Bank/Building Society** |  |
|  **Full Name of Account Holder**  |  |
| **Sort Code** |  |
| **Account Number** |  |
| **Roll/Reference Number (if applicable)** |  |
| **Address of Branch**  |  |