

Post Applied for: Post Number:

Closing Date: Interview Date:

*Please complete this form fully using black ink or type. C.V.s are not accepted.
Applications received after the closing date will not normally be considered.*

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name: First Name:

Title: Middle Name:

Address:

Postcode: Date of birth:

Home Telephone No National Insurance No
Letters Numbers Letter

Daytime Telephone No

Mobile Telephone No

E-mail address:

Can we contact you at work? Yes ☐ No ☐

Are you free to remain and take up employment in the UK
with no current immigration restrictions? Yes ☐ No ☐

Driving Licence – if relevant to post applied for.

Do you hold a full, clean driving licence valid in the UK? Yes ☐ No ☐

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment

Section 2 Employment

Present Employment *(If now unemployed give details of last employer)*

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment: Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice: **Last day of service**
(if no longer employed):

Reason for leaving
(if no longer employed):

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

Name of Employer:

Address:

Postcode: **Position Held:**

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode **Position Held:**

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode **Position Held:**

Summary of duties: <input type="text"/>	Reason for leaving: <input type="text"/>
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Section 4 Education

Qualifications obtained from Schools, Colleges and Universities.

Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details
Membership of any Professional / Technical Associations- Please state level of Membership:	

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Attach additional sheets as needed

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes ☐

No ☐

If yes, please give details / dates of offence(s) and sentence:

Section 8 Disclosure & Barring Service (DBS)

If you are successful as an applicant, a disclosure will be carried out with the Disclosure and Barring Service.

If you have registered with the Update Service please provide your user details below as your Consent for FCMS LTD to carry out an individual certificate check.

User Details.....

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes ☐ No ☐

If yes, please give details:

Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please

COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

White UK

☐

Irish

☐

White non-UK

☐

Any other White background

☐

(please give details):

D. Black or Black British

Black Caribbean

☐

Black African

☐

Any other Black background

☐

(please give details):

B. Mixed E. Chinese or other ethnic group E. Chinese or other ethnic group

White & Black Caribbean Chinese

☐

White & Black African Vietnamese

☐

White & Asian

☐

Any other ethnic background

☐

(please give details):

White & Black Caribbean Chinese

☐

White & Black African Vietnamese

☐

White & Asian

☐

Any other ethnic background

☐

(please give details):

C. Asian or Asian British

Indian

☐

Pakistani

☐

Bangladeshi

☐

Any other Asian background

☐

(please give details):

F. I do not wish to provide this information

Section 13 Recruitment Monitoring Form continued

Gender

Male ☐

Female ☐

Disability

Disability is defined as "physical or mental impairment, which has a substantial and long term ability to carry out normal day to day activities".

Do you consider yourself disabled? Yes ☐ No ☐

If yes, please give details:

Present Status

Internal Applicant ☐

External Applicant ☐

Age Group

16-25 ☐ 26-35 ☐ 36-45 ☐

46-55 ☐ 56-65 ☐ 66-70 ☐

Over 70 ☐

Media

Please state where you saw this post advertised

Section 14 Declaration

B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- **all the information given by me on this form is correct to the best of my knowledge**
- **all questions relating to me have been accurately and fully answered**
- **I possess all the qualifications which I claim to hold**
- **I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.**

Signed:

Date:

Thank You
for your interest
in this post.



**KINDLEY
HEALTHCARE**
S E R V I C E S L T D

**If you are returning this form by email, you will be asked to
sign your application at interview**