

Prompt Healthcare Staffing



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Email: info@prompthealthcarestaffing.co.uk

APPLICATION FOR EMPLOYMENT

1. POSITION APPLIED FOR

2. PERSONAL DETAILS

Surname: _____	Forenames: _____	Title: _____
Address: _____	Date of Birth: _____	
	Tel Number: _____	
Postcode: _____	Email Address: _____	

3. PROFESSIONAL/VOCATIONAL QUALIFICATIONS

Date	Qualifications obtained	Subject	Grade

4. RELEVANT QUALIFICATIONS

Date	Qualifications obtained	Subject	Grade

6. SUPPORTING STATEMENT

Please ensure you give actual examples from your previous work experiences or other activities to demonstrate your ability to meet the requirements of the job described in the Person Specification. Continue on separate sheet if necessary.

7. HEALTH

Do you have any health problem/s?

YES

NO

If YES, please give details:

8. CONVICTIONS

Please only complete this section if relevant to the post for which you are applying as instructed in the covering letter. Please note that for posts which involve working with a vulnerable client group Prompt Healthcare Staffing Ltd will seek clearance from the Disclosure and Barring Service (DBS formerly CRB) prior to you starting. This means that convictions otherwise regarded as 'spent' should be included. A criminal record will not necessarily exclude you from the post, but under the Rehabilitation of Offenders Act 1974 we must have details.

Have you ever been convicted of a criminal offence?

YES

NO

If yes, would you please give details in the exemptions form within the job pack and return either with this application or in a sealed envelope marked 'Confidential'.

Please confirm that you are happy for us to seek the relevant clearance from the DBS.

YES

NO

Successful candidates will be subject to a Criminal Records Bureau check at enhanced level.

9. REFEREES

Please provide details of referees to cover your last 3 years of employment.

Name:

Name:

Address:

Address:

Daytime Telephone No:

Daytime Telephone No:

Email:

Email:

Capacity in which they know you:

Capacity in which they know you:

Please note we reserve the right to approach any of your former employers for a reference.

10. ASYLUM AND IMMIGRATION ACT 1996

Do you require a work permit to work in the UK?

YES

NO

If yes, do you have one and (if relevant) when does it expire?

YES

NO

Expiry Date:

Please provide your National Insurance number:

DECLARATION

TO BE COMPLETED BY ALL APPLICANTS

By signing and returning this application form, I consent to the charity obtaining, keeping, using and producing information relating to my application in line with the requirements of the Data Protection Act 1998. I understand that if am appointed this application form will become part of my personal file and that if I am not appointed, in accordance with the Data Protection Act, all manual and electronic records will be deleted after a period of 6 months from all relevant filing systems.

If it is found that any of the information provided in my application is false or if I have knowingly concealed any fact concerning my eligibility for this post, my name will be withdrawn as a candidate. If I have already been appointed to the post when such a discovery is made, I will be liable to dismissal without notice.

I certify the information provided above (and any further information enclosed) is correct.

I declare that all entries on this form are correct and complete. I accept that providing deliberately false information could result in my dismissal.

Signed: _____

Date: _____

UKCC PIN NO. (where applicable): _____

Renewal Date: _____

Please return all completed and signed application forms to:

Prompt Healthcare Staffing
Unit 7 First Floor
Town Quay Wharf
Abbey Road
Barking
IG11 7BZ

Or

Email: info@prompthealthcarestaffing.co.uk