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| C:\Users\Addy\Desktop\health-medical-logo-template-design-vector-17357065.jpg | **Adore Healthcare Professionals Ltd**  **Employment Application Form** | FORM: All None Care Staff | |
| Issue: 01 | Date: 03/06/2014 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position applied for: | | | | | |  | | | | | | | | | | |
| **Personal Details** | | | | | | | | | | | | | | | | |
| Title: | | | Mr:  Mrs:  Ms:  other: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | NI Number: | | | |  | | | |
| Forename: | | |  | | | | | | Surname: | | | |  | | | |
| Business Phone: | | |  | | | | | | Mobile Phone: | | | |  | | | |
| Email Address: | | |  | | | | | | | | | | | | | |
| Address: | | |  | | | | | | Postcode: | | | |  | | | |
| Type of Registration | | | NMC | | | | | | Reg No: | | | |  | | | |
| Type of Registration | | | SSSC | | | | | | Reg No: | | | |  | | | |
| Where did you hear about this vacancy: | | | | |  | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | |
| **Relevant Qualifications**  **E.G. School/College/University/Adult Education ETC**  **(Please begin with most recent and work backwards)** | | | | | | | | | | | | | | | | |
| Qualifications achieved and Grades: | | | | | Name & Address of education establishment: | | | | | | | | | Dates from & to: | | |
|  | | | | |  | | | | | | | | | [please continue on a separate sheet if necessary] | | |
| **Other Training/Courses** | | | | | | | | | | | | | | | | |
| Please continue on a separate sheet if necessary] | | | | | | | | | | | | | | | | |
| **Employment** | | | | | | | | | | | | | | | | |
| **Current or most recent post** | | | | | | | | | | | | | | | | |
| Employer’s name, address and nature of business: | | | | | | | | Main duties & responsibilities: | | | | | | | | |
| Tel No: |  | | | | | | |
| Position: |  | | | | | | |
| Dates: | From:  To: | | | | | | | Salary / Rate of pay: | | | | | | |  | |
| Notice required by current employer / date available to commence employment: | | | | | | | | Reason for leaving / wanting to leave: | | | | | | | | |
| **Previous Employment** | | | | | | | | | | | | | | | | |
| Please provide **full** details of all previous posts you have held, including those with HC-One (if applicable) starting with the most recent first. You will also need to include any dates (if applicable) when you have not been in employment. (Please use continuation sheets if required). | | | | | | | | | | | | | | | | |
| Name & Address of Employer | | | | Appointment held/Grade &/or Salary | | | Dates (dd/mm/yy) | | | | | | | | | Reason for leaving |
| From | | | | To | | | | |
|  | | | |  | | |  | | | |  | | | | |  |
|  | | | |  | | |  | | | |  | | | | |  |
| **Previous Employment (cont)** | | | | | | | | | | | | | | | | |
| Name & Address of Employer | | | | Appointment held/Grade &/or Salary | | | Dates (dd/mm/yy) | | | | | | | | | Reason for leaving |
| From | | | | | From | | | |
|  | | | |  | | |  | | | | |  | | | |  |
|  | | | |  | | |  | | | | |  | | | |  |
|  | | | |  | | |  | | | | |  | | | |  |
| **References** | | | | | | | | | | | | | | | | |
| Give name, job title, relationship to referee and address to **TWO** people, who must know you well to whom a reference may be made. Referee 1 **must** be your present (or most recent) employer, Referee 2 **must** be from a previous employer (unless you have help only one job, in which case this may be an educational or character reference). If you have never held a job, educational and/or character references will be satisfactory. A character referee: must have known you well personally for at least two years; must not be related to you by birth or marriage: and must hold (currently or retired) some form of professional occupation or public office. | | | | | | | | | | | | | | | | |
| **Referee 1** Do not contact before interview | | | | | | | | | | **Referee 2** Do not contact before interview | | | | | | |
| Name | | | | | | | | | | Name | | | | | | |
| Job Title: | | | | | | | | | | Job Title: | | | | | | |
| Relationship to referee: | | | | | | | | | | Relationship to referee: | | | | | | |
| Address: | | | | | | | | | | Address: | | | | | | |
| Post Code: | |  | | | | | | | | Post Code: | | |  | | | |
| Tel No: | |  | | | | | | | | Tel No: | | |  | | | |
| Email: | | | | | | | | | | Email: | | | | | | |
| **N.B. Appointment is confirmed subject to receipt of satisfactory references.** | | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | |

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| I declare that the information provided is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details. | | |
| Signature: | Date: | ..  DD MM YY |