

INDEPENDENT MEDICAL

SERVICE

APPLICATION FORM

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

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| Please complete this form fully using black ink, please also send a passport size photos and photo copies of your certificates with your application form |

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|  Personal Information |

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| --- | --- | --- | --- |
| Last Name: |  | **First Name:** |  |

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| --- | --- |
| Address: |  |
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|  |  |
| --- | --- |
| Postcode: |  |

 Letters Numbers Letter

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Home Telephone No:** |  | **National Insurance No:** |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- |
| **Daytime Telephone No:** |  | **Age:** |

|  |  |  |
| --- | --- | --- |
| **Mobile Telephone No:** |  | **Date of birth: / /**  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

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| --- | --- | --- | --- | --- |
| **Can we contact you at work?** | Yes | [ ]  | No | [ ]  |

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

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| **Driving License – if relevant to post applied for.**Do you hold a full, clean driving license valid in the UK? | Yes | [ ]  | No | [ ]  |

(If yes please supply photocopy of both parts)

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

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

Name of Employer: |  |

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| --- | --- |
| Address: |  |
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| --- | --- |
| Postcode: |  |

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| --- | --- |
| Post Title: |  |

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| Date of Appointment: |  | **Salary:** |  |

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| Department / Section: |  |

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| **Brief description of duties:** |
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| Continue on a separate sheet if necessary |

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

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| --- | --- |
| **Reason for leaving**(if no longer employed)**:** |  |

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|  Previous Employment |
| **Previous Employment** (most recent employer first). Please cover the last 5 years  |
|  |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  | Postcode |  |

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| --- | --- |
| Position Held: |  |

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| --- |
| **Summary of duties:** |
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| --- | --- |
| **Reason for leaving:** |  |
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| --- | --- |
| Name of Employer: |  |

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| --- | --- |
| Address: |  |
|  |  |
|  |  | Postcode |  |

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| --- | --- |
| Position Held: |  |

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| --- |
| **Summary of duties:** |
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| --- | --- |
| **Reason for leaving:** |  |
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| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
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|  |  | Postcode |  |

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| --- | --- |
| Position Held: |  |

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| **Summary of duties:** |
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| --- | --- |
| **Reason for leaving:** |  |
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| Continue on a separate sheet if necessary |

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|  Education |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

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| --- | --- | --- |
| **College or University**  | **Course** | **Qualifications and grades obtained** |
|  |  |  |
| **School** | **Subjects** | **Qualifications and grades obtained** |
|  |  |  |
| Continue on a separate sheet if necessary |

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| Professional, Technical or Management Qualifications |
| Please give details: |

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| --- | --- |
| **Professional/Technical/****Management Qualifications** | **Course Details** |
|  |  |
| **Membership of any Professional / Technical Associations- Please state level of Membership:** |
| Continue on a separate sheet if necessary |

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|  Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support yourApplication. Include any on the job training as well as formal courses. |

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| --- | --- |
| **Title of Training Programme/Course** | **Duration of Programme/Course** |
|  |  |
| Continue on a separate sheet if necessary |

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|  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. |

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| Continue on a separate sheet if necessary |

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|  Convictions  |
| Do you have any convictions that are unspent under the rehabilitation of offender’s act 1974? | Yes | [ ]  | No | [ ]  |

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| If yes, please give details / dates of offence(s) and sentence: |
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|  **Protecting Children and Vulnerable Adults** |

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| **Enhanced Checks Only** Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? | Yes | [ ]  | No | [ ]  |

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| **Sickness** |

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| --- | --- |
| Number of days sickness absence in the last 2 years: |  |

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| **References** |

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| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. |

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| **Reference 1**  |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position (job title): |  | **Position (job title):** |  |

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| Relationship: |  | **Relationship:** |  |

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| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

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| --- | --- | --- | --- |
| Address: |  | **Address:** |  |
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|  | Postcode |  |  | Postcode |  |

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| --- | --- | --- | --- |
| Telephone No: |  | **Telephone No:** |  |

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| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

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| Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  | Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  |

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| Statement to be Signed by the ApplicantPlease 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.**
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| Signed: |  | **Date:** |  |
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| R E T U R N I N G T H I S F O R M |
|  | **Enquiries:**Info@firstchoicemedicalservices.orgTelephone: 01262 722998Telephone: 07896367454 |
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