

APPLICATION FORM

The recruitment process within Battlefield Healthcare has a minimum of two stages.

Stage 1 requires completion of this application form. Stage 2 if application is successful you will be invited to attend interview.

PLEASE COMPLETE IN BLOCK CAPITALS AND USE BLACK INK

Position applied for:	Hours required per week:	Where did you hear of the vacancy?
-----------------------	--------------------------	------------------------------------

Please indicate below days and times you would be available to work in a typical week:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

PERSONAL INFORMATION

Title:	Surname:	Forename(s):
--------	----------	--------------

Address inc Postcode:	
Telephone (Home):	Telephone (Mob):
e Mail:	Nat Ins No:

FURTHER INFORMATION

Do you hold a current UK driving licence?	
Do you have the use of a vehicle for work?	
Have you any driving endorsements/disqualifications? If yes please provide details:	
If you are a qualified nurse please provide your PIN:	Expiry date:

EDUCATION/TRAINING RELEVANT TO POST

(Most recent qualifications first. Please continue on a separate sheet if required)

Name of School/College/University	From	To	Qualifications/ Examinations/Grade Achieved	Year Obtained

EMPLOYMENT HISTORY (Please continue on a separate sheet if required.)

Any gaps in employment require explanation

From (Month /Year)	To (Month /Year)	Name & address of current employer and nature of business	Position held	Salary/Hourly rate of pay	Notice required
From (Month /Year)	To (Month /Year)	Name & address of previous employer(s) and nature of business	Position held	Salary/Hourly rate of pay	Reason for leaving

NEXT OF KIN CONTACT DETAILS

Your name:	
------------	--

Next of Kin Details

Next of kin name:	Next of kin relationship:	Next of kin contact no:
Next of kin address:		

2nd Contact Details

2 nd contact name:	2 nd contact relationship:	2 nd contact no:
2 nd contact address:		

REFEREES

One must be your present / most recent employer. Character references/testimonials from professionals are only acceptable in exceptional circumstances, where you have no, or limited, employment history.

NOTE: WE WILL VERIFY REFERENCES RECEIVED BEFORE CONFIRMING ANY JOB OFFER.

Referee 1: Do not contact before interview [<input type="checkbox"/>] tick if applicable		Referee 2: Do not contact before interview [<input type="checkbox"/>] tick if applicable	
Name:		Name:	
Position held:		Position held:	
Address:		Address:	
Telephone:		Telephone::	
Email:		Email:	
For Office Use Only			
Reference 1 requested:		Reference 2 requested:	
Reference 1 received:		Reference 2 received:	
Reference 1 verified:		Reference 2 verified:	

SUPPORTING INFORMATION

Please detail some supporting information about yourself that makes you desirable for the post.
 (Continue on a separate sheet if required)

CRIMINAL CONVICTION DISCLOSURE FORM

The post you have applied for is excluded from the provisions of the Rehabilitation of Offenders Act 1974 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

You must therefore disclose details of all convictions, cautions and bind over orders, whether spent or not, and whether imposed when you were an adult or juvenile. You must disclose details if you are currently the subject of a police investigation/proceedings which could result in any conviction, caution or bind over order.

We appreciate that you may feel embarrassed about having to declare such matters but you will be given full opportunity to explain the circumstances of any conviction, caution or bind over order and it is possible that these will not exclude you from employment.

Do you have any convictions, cautions or bind over orders SPENT OR UNSPENT		Please Tick	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details (continue on separate sheet if necessary)				
Date	Court	Offence	Penalty	

I understand that failure to disclose fully any spent or unspent criminal conviction, caution or bind over order may lead to any job offer being withdrawn or disciplinary action up to and including dismissal.

Signature:	Date:
------------	-------

For Office Use Only

Action Required:

FURTHER INFORMATION

Do you consider yourself disabled? (Tick one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	---------------------------------	--------------------------------

If you consider yourself as having a disability, is there any support you would require attending for interview? Please specify (e.g. wheelchair accessible room etc)	
--	--

APPLICANT DECLARATION

- I confirm that the above information is a true record. I consent to the Company checking any information provided on this form and I understand that giving false information may lead to any job offer being withdrawn, or to formal action up to and including termination of my employment.
- I declare that I consider myself to be physically and mentally fit to perform the duties of the post I have applied for.

Signature of applicant:	Date:
-------------------------	-------

EQUAL OPPORTUNITIES MONITORING FORM

The information this form contains is for equal opportunities monitoring purposes only, and will be treated confidentially.

None of the information from this form will be used to decide whether or not to invite you for interview or to offer you employment.

White	()	Black Other	()	Asian British	()
Irish	()	Indian	()	Chinese/Other Asian	()
Black African	()	Pakistani	()	Mixed race	()
Black British	()	Bangladeshi	()	Other (please Specify)	()
Male	()	Female	()	Registered Disabled	()

Marital Status

Single:	Married:	Divorced:
---------	----------	-----------

Age:

Children

Yes:	No:
------	-----