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| APPLICATION FOR EMPLOYMENT  *Please complete this form as fully as possible. Information will be treated in the strictest confidence. Knowingly withholding, falsifying or omitting relevant information at any stage of the selection process may lead to subsequent disciplinary action including dismissal* | |
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| Vacancy Applied For:  Hours: Full Time / Part Time / Bank | **Closing Date:** |

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| **Personal Details** | | | | | | | | | |
| Title: | | | | | Forename(s): | | | | |
| Surname: | | | | | | | | | |
| Address: | | | | | | | | | |
|  | | | | | Postcode: | | | | |
| Home Tel No: | | | | | Work Tel No: | | | | |
| Mobile No: | | | | | Email: | | | | |
| Do you require a work permit? Yes No | | | | | | | | | |
| Are you related to any employee of Sancta Maria Hospital? Yes….No…  Referred by existing member of staff? Staff Name…………………………………….. | | | | | | | | | |
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| **General Education** | | | | | | | | |
| Please state most recent qualifications first | | | | | | | | |
| Secondary School/College/University | | Dates of Attendance | | | | Qualifications obtained | | |
|  | | From | | To | |  | | |
| **Professional Qualifications/Vocational Training/Registration** | | | | | | | | |
| For applicants in respect of posts requiring statutory registration or Professional/Vocational Qualifications, successful candidates will be required to produce current registration certificates prior to commencement of employment. | | | | | | | | |
| Qualification/Training | | Date Qualification obtained | | | | | Reg/PIN No  (if applicable) | Renewal Date  (if applicable) |
| **Current Employment** | | | | | | | | | |
| Name & Address of Employer | Dates | | Job Title | | | | Description of Main Duties | | |
| Reasons for Leaving | | | | | | | | | |
| **Previous Employment** (please state reasons for any gaps in employment) | | | | | | | | | |
| Name & Address of Employers | Dates | | Job Title | | | | Description of Main Duties | | |
| **Additional Information** | | | | | | | | | |
| The information you provide in this section will be used in assessing your application. Please refer to the job description and person specification and use this space to state your reasons for applying for the post, relating your skills, experience and personal qualities gained through work and education to the requirement of the job (please continue on separate sheet if necessary). | | | | | | | | | |
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| **References** | | |
| Please give the names of two referees, both of which must be your most recent employers and one of which must be your current employer. References will only be requested for successful candidates. | | |
| 1) Name & Organisation | Address | Telephone Number |
| 2) Name & Organisation | Address | Telephone Number |
| **Care Standards Act 2000 & Protection of Children Act 1999** | | |
| Due to the nature of the position you are applying for, you are not entitled to withhold information about criminal convictions, cautions, etc, however long ago these occurred. If you are short listed for interview you will be asked to sign a declaration form stating that you have committed no such criminal offences. All offers of employment will be conditional on receipt of a satisfactory Disclosure Barring Service (DBS) check. Having a criminal record will not necessarily prevent someone from working at the hospital. However, this will depend on the nature of the position and circumstances and background of the offences. For further information on these checks please contact the DBS information line on 0870 9090811. Failure to disclose any information relevant to the above could result in disciplinary action by HMT which may lead to dismissal should you be employed. | | |

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| **DECLARATION** | |
| I understand that my appointment will be subject to satisfactory DBS clearance, references and other statutory requirements. I declare that the information on this form and any supporting documentation attached herewith e.g. CV, is true and complete and I understand that any false information may render an offer of employment invalid and lead to termination of employment. I also understand that the information I have provided will be processed for the purposes of my employment with the hospital and by completing this form I am giving my explicit consent for this processing to take place within the remit of the Data Protection Act 2018. Processing may include the monitoring of various hospital policies in line with good employment practice. | |
| Signature: | Date: |

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| **HOSPITAL USE ONLY** | | |
| NAME |  | |
| POSITION APPLIED FOR |  | |
| CRB DECLARATION RECEIVED | Y / N |  |
| INTERVIEW LETTER SENT | Y / N |  |
| INTERVIEW DATE |  |  |
| SUCCESSFUL | Y / N |  |
| OFFER LETTER SENT | Y / N |  |
| REFERENCES SENT FOR | Y / N | DATE: |
| OCCUPATIONAL HEALTH APPOINTMENT | Y / N | DATE: |
| REFERRAL TO OCC. HEALTH DOCTOR | Y / N | DATE: |
| CLEARANCE FROM OCC. HEALTH RECEIVED | Y / N | DATE: |
| EMPLOYMENT CONTRACT RECEIVED | Y / N |  |
| PHOTOGRAPH RECEIVED | Y / N |  |
| SIGNED CONTRACT RECEIVED | Y / N |  |
| SIGNED JOB DESCRIPTION RECEIVED | Y / N |  |
| CRB SET UP ONLINE | Y / N | DATE: |
| CRB I.D. CHECK COMPLETED | Y / N | DATE: |
| COMPLETION OF CRB / CRB FORM SENT TO CRB | Y / N | DATE: |
| CRB RESULT RECEIVED | Y / N | DATE: |
| REFERENCES RECEIVED 1.  2. | Y / N  Y / N | DATE:  DATE: |
| MANAGEMENT AUTHROISATION TO START WITH 1 REF |  | DATE: |
| EMPLOYEE DETAILS/P46 RECEIVED | Y / N |  |
| OFFER CONFIRMED | Y / N | DATE: |
| COMMENCED EMPLOYMENT | Y / N | DATE: |
| INDUCTION COMPLETED/FORM RECEIVED | Y / N |  |
| **CONTRACTED STAFF ONLY** | | |
| 13 WEEK REVIEW DATE | Y / N | DATE: |
| PROBATION EXTENDED | Y / N | DATE: |
| POSITION CONFIRMED | Y / N |  |
| 6 MONTH REVIEW DATE | Y / N | DATE: |