

Application Form

Confidential

Please complete all sections detailed below. Applications may be typed using Calibri, size 10



PERSONAL DETAILS

Full Name:		Title:	
Address:		Date of Birth:	
		Email:	
Post Code		NI Number:	
Telephone No.		Mobile No.	
Do you hold a current valid driving licence? (indicate with x)		Yes	No
Do you have the use of a car for work if required?		Yes	No
Do you require a permit to work in the UK?		Yes	No
Do you have any convictions, cautions or reprimands in the UK or any other Country?		Yes	No
If yes to the above please give dates and details?			
PIN No. (Registered Nurses only)		Expiry Date:	

FULL EMPLOYMENT DETAILS

Please ensure **full employment history** and explain any gaps in employment. Continue on a separate sheet if necessary

Employer (most recent first)	Position	Dates		Last Salary	Reason for Leaving
		From	To		

EDUCATION

Secondary School / Colleges Attended	Dates		Qualifications Attained (subjects and grades)
	From	To	

FURTHER EDUCATION

Secondary School / Colleges Attended	Dates		Qualifications Attained (subjects and grades)
	From	To	

OTHER RELEVANT TRAINING – please include organising body and date

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PERSONAL STATEMENT and ADDITIONAL INFORMATION

*Please provide a Personal Statement in response to attached Job Description/Person Specification which will be used in the shortlisting process
You are invited to give a brief summary of any additional information to support your application*

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REFEREES

Please give the name(s) in the spaces provided for the person(s) most able to confirm your suitability for the post, covering a period of the past two years. This should be your employer(s) in the first instance but if this not applicable you should detail a character referee who is not a family member or friend.

Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	
Telephone No.:		Telephone No.:	
Email:		Email:	
Capacity in which known:		Capacity in which known:	

DECLARATION

I hereby certify that the details given above are correct and by signing this applicant declaration, I confirm that the information that I have provided in support of this application is complete and true and understand that knowingly to make a false statement for this purpose may lead to this application being rejected and/or disciplinary action being taken including dismissal.

Signed:			
Date:		Print Name:	

Thank you for taking the time to complete this form

People Passion Potential

EQUAL OPPORTUNITIES

Community Integrated Care is committed to the promotion of opportunity in its employment policy, practices and procedures. To help us implement and monitor this policy could you provide us with the following information.

This page will be removed from your application.

Position Applied For:

I would describe my race or cultural origin as (please tick one box only)

White British		White other		White/Black Caribbean	
White/Black African		Mixed other		Black British	
Black Caribbean		Black African		Black Other	
Asian British		Indian		Pakistani	
Bangladeshi		Asian Other		Chinese	
Any other		Prefer not to disclose			

My age is (please tick one box only)

16-19		20-29		30-39	
40-49		50-59		60+	

My gender is?

Male		Female	
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Do you consider yourself to have a physical or mental disability?

Yes

No

If yes please give brief details of your disability below

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Are you registered disabled?

Yes

No

Registration No. (If applicable)

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To enable us to monitor the effectiveness of our recruitment, please indicate how you became aware of the vacancy

Job Centre		Own website		Internal	
Indeed		LinkedIn		Facebook	
Employee Referral (Insert name below)		Other Job Board		Other	