**APPLICATION FOR EMPLOYMENT FORM**

**Equal Opportunities Monitoring Questionnare**

|  |
| --- |
| **Sex:** |
| **Male****Female** | [ ] [ ]  |
| **Ethnic Origin:** |
| **White****British** **Irish****Other White*(please state)*** | [ ] [ ] [ ]       |
| **Mixed****White and Black Caribbean****White and Black African****White and Asian****Other Mixed** ***(please state)*** | [ ] [ ] [ ] [ ] [ ]       |
| **Asian or Asian British****Indian****Pakistani****Bangladeshi****Other Asian*****(please state)*** | [ ] [ ] [ ] [ ]       |
| **Black or Black British****Caribbean****African****Other Black*****(please state)*** | [ ] [ ] [ ]       |
| **Chinese or other Ethnic****Chinese****Other*****(please state)*** | [ ] [ ]       |
| **Disability:** |
| **Yes****No*****(if yes, please describe)*** | [ ] [ ]       |
| **Additional Personal Required Information:** |
| **1. Are you related to any person who is currently a member or employee within the Caring Industry?** |
| **Yes****No** | [ ] [ ]  |
| **2. Do you have any Health Problems at all that you have not disclosed with your application?** |
| **Yes****No** | [ ] [ ]  |
|  **If you have failed to disclose any of the above required information or have failed to disclose a criminal conviction, including 'spent ones' or have provided TELOPEA MSL with false information. The result will be instant dismissal or possible prosecution.** |
| **The facts set forth in this application for employment are, to the best of my knowledge, true and complete** |
| **Signed:** |       |
| **Date:** |       |

**Application for Employment (In confidence)**

|  |  |
| --- | --- |
| **Position Applied For:** |  |
| **Temporary****Permanent****Contract** | [ ] [ ] [ ]  |
| **Salary:****Per Annum (£)****Per Hour (£)** |            |
| **PERSONAL DETAILS** |
| **Title:****Mr** **Mrs****Miss****Ms****Other*****(please specify)*** | [ ] [ ] [ ] [ ] [ ]       |
| **Surname:** |       |
| **Forename:** |       |
| **Address:** |       |
| **Day Telephone:** |       |
| **Evening Telephone:** |       |
| **Mobile:** |       |
| **Email Address:** |       |
| **Date of Birth:** |       |
| **Age:** |       |
| **NI Number:** |       |
| **Nationality:** |       |
| **Marital Status:****Married****Divorced****Single****Widowed** | [ ] [ ] [ ] [ ]  |
| **No. of Dependants:** |       |
| **Do you need a work permit to work in the UK?** |
| **Yes****No** | [ ] [ ]  |
| **Next IND Interview date: (if applicable)** |       |
| **Do you have a criminal record? *(Disclosures are subject to the Rehabilitation of Offenders Act 1974)*** |
| **Yes****No** | [ ] [ ]  |
| **CRB Checked?** |
| **Yes****No** | [ ] [ ]  |
| **Do you have a Driving Licence?** |
| **Yes****No** | [ ] [ ]  |
| **If yes, is it clean?** |
| **Yes****No** | [ ] [ ]  |
| **Do you have a Vehicle?** |
| **Yes****No** | [ ] [ ]  |
| **Are you dependent upon Public Transport?** |
| **Yes****No** | [ ] [ ]  |
| **Where are you willing to travel to work?** |
| **Do you smoke?** |
| **Yes****No** | [ ] [ ]  |
| **Hobbies and Interests?** |
| **Your GP’s Name & Address:** |
| **GENERAL INFORMATION** |
| **How soon are you available to work?** |
| **Do you have any holidays booked? (Please specify dates)** |
| **SKILLS AND EXPERIENCE** |
| **Qualifications and Grades achieved:** |
| **Do you have a Health & Safety Certificate?** |
| **Yes****No** | [ ] [ ]  |
| **Have you had experience of: *(please tick the appropriate box/es)*** |
| **A & E Nurse****Auxiliary Nurse****Care Assistant****Children’s Nurse****Community Staff Nurse****D & E Grade Nurse****Data Engineer****Data Mapper****Ent & Urology Nurse****General Medical Nurse****Learning Disabilities Nurse****Macmillan Clinical Nurse Specialist****Mental Health Nurse****Widwife****Occupational Health Nurse****Oncology Nurse****Operations Manager****Ophthalmology Nurse****Orthopaedic & Neuro Nurse****Senior Staff Nurse****Sister/Charge Nurse****Staff Nurse****Theatre Manager** | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **PROFESSIONAL QUALIFICATIONS** |
| **Awarding Body:** |       |
| **Date Achieved:** |       |
| **Renewal Date:** |       |
| **Registration No.:** |       |
| **Date of last re-registered:** |       |
| **Expiry Date:** |       |
| **Nursing/Midwifery Registration No.:** |       |
| **EMPLOYMENT HISTORY*****(please provide you most recent employment first)*** |
| **Dates From-To:** |       |
| **Job Title:** |       |
| **Company Name and Address:** |                                |
| **Reason for leaving:** |       |
| **Duties Included:** |       |
| **Dates From-To:** |       |
| **Job Title:** |       |
| **Company Name and Address:** |                                |
| **Reason for leaving:** |       |
| **Duties Included:** |       |
| **Dates From-To:** |       |
| **Job Title:** |       |
| **Company Name and Address:** |                                |
| **Reason for leaving:** |       |
| **Duties Included:** |       |
| **Dates From-To:** |       |
| **Job Title:** |       |
| **Company Name and Address:** |                                |
| **Reason for leaving:** |       |
| **Duties Included:** |       |
| **EDUCTATION & QUALIFICATIONS** |
| **School** | **From** | **To** | **Examinations and Results** |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
| **College/University** | **From** | **To** | **Courses and Results** |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
| **Further Education/Formal Training** | **From** | **To** | **Courses and Results** |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
| **Professional Memberships and Qualifications:** |
|  |
|  |
| **REFERENCES*****(Please name 2 references that we will able to take references from)*** |
| **Contact Name:** |       |
| **Job Title:** |       |
| **Company:** |       |
| **Address:** |                           |
| **Telephone No.:** |       |
| **Fax No.:** |       |
| **Contact Name:** |       |
| **Job Title:** |       |
| **Company:** |       |
| **Address:** |                           |
| **Telephone No.:** |       |
| **Fax No.:** |       |
| **I give authorisation for TELOPEA MSL to obtain references from the above stated contacts details relating to my employment or this application.**  |
| **Signed:** |       |
| **Date:** |       |
| **May we approach either referee before interview?** |
| **Yes****No** | [ ] [ ]  |

Please return the completed application to:

78 Tavistock street

Victoria House

Bedford

MK40 2RP

For Office Use Only

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