**St George’s Hospital Ltd begins to gather information about you during the recruitment process. Details about you may come from external sources such as professional bodies (NMC), current and previous employers and the Disclosure and Barring Service**

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**Position Applied For: Department:**

**How/where did you hear about the vacancy?**

**Personal Details:**

Title: - (Mr/Mrs/Miss/Ms/Other)

Forename(s):-

Surname:

Address:

Post Code:

Landline: Mobile:

E-mail:

NMC Number (Qualified Nurses only):

**Employment History**

Current Employer:

Company Name:

Address:

Position held:

Salary:

Notice Period:

Main duties:

Please provide a full employment history since leaving full time education: - **Please note that there must be no gaps**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer’s Name & Type of Business** | **Position held and duties involved** | **Month and Year started** | **Month and Year ended** | **Reason for leaving** |
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Education and Job Related Training **(Please use a separate sheet if necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| **School/Institute/Course studied** | **From (Month/year)** | **To (Month/year)** | **Qualification** |
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Additional Skills and Experience

Give details of how your experience and personal skills allow you to meet the criteria for this position. Please use a separate sheet if necessary

**Member of Professional Bodies:**

Are you a member of a professional Organisation? YES / NO

If “YES” please provide the name of the professional body/organisation and registration number if applicable:

**References:**

Please provide details of two referees who we may approach with regards to this Application. These referees must not be members of your family and one must be your present or most recent employer. References may be taken up before interview. Please indicate whether this is acceptable by circling the relevant options.

**Please also provide contact details of all previous employers in the care sector who we may approach for a reference.**

1 Name:

Address:

Telephone number:

Email Address:

Occupation:

I agree references can be taken up before interview Yes/No

2 Name:

Address:

Telephone number:

Email Address:

Occupation:

I agree references can be taken up before interview Yes/No

3 Name:

Address:

Telephone number:

Email Address:

Occupation:

I agree references can be taken up before interview Yes/No

4 Name:

Address:

Telephone number:

Email Address:

Occupation:

I agree references can be taken up before interview Yes/No

Do you hold a current UK Driving Licence? Yes/No

Do you own a vehicle? Yes/No

Do you have any endorsements on your licence? Yes/No

**Suitability to work with Vulnerable Adults**

Have you ever been referred to the Disclosure & Barring Service (DBS) or any of its predecessor authorities? Yes/No

Please note that it is a criminal offence for an individual whose name is included on the DBS List to knowingly apply for or accept to do any work in a care position.

**Convictions**

Through the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, and by virtue of the nature and position for which you are applying, we are obliged, as your prospective employers, to ask if you have ever been cautioned by the police or convicted of any criminal offence by a Court of Law Yes/No

**If “YES”,** please provide brief details of the caution/offence and relevant dates:

The existence of a criminal conviction will not necessarily lead to the withdrawal of a conditional job offer, but any failure to fully and accurately disclose all criminal convictions will lead to the withdrawal of an offer.

**Declaration:**

I have read and understood the information supplied to me in relation to this Position and the information requested in this Application Form. I confirm that all information supplied by me is true and accurate to the best of my belief. I have not knowingly withheld any fact which may prejudice my application.

I understand that I have to prove my eligibility to work in this country.

I am also aware that this position is subject to a Criminal Records check with the Disclosure and Barring Service.

**Print Name:**

**Signature:**

**Date:**

**Personal Details**

Title:

Forename:

Middles Name(s):

Surname:

Date of Birth:

Gender:

National Insurance Number:

**Contact Details**

Telephone No:

Email Address:

*(This is optional – only used to resolve any queries if they arise)*

**Address History:**

*Please complete address history for the last* ***5 years.*** *From and To dates must include month and year.*

Current Address: Address 2:

From: To: From: To:

Address 3: Address 4:

From: To: From: To:

**Place of Birth**

Town:

County:

Country:

Nationality at Birth:

Current Nationality:

Surname at birth:

Used until:

Any other names:

Dates used:

**Employment Details:**

Position Applied for:

Employer Name: St. George’s Hospital Ltd

**Conviction History:**

Do you have any unspent convictions, cautions, reprimands or warnings?: Yes / No

(*Delete as appropriate)*

**Driving License Number:**

**Driving License Valid From:**

**Passport Number:**

**Passport Issue Date:**

**Applicant Consent**

By completing this form I consent to the transfer of my information to the Disclosure and Barring Service for the purpose of a Disclosure Application.

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 is a criminal offence.

I give my permission for the information on this form to be transferred by St. George’s Nursing Home to an online application for a Disclosure and Barring Service Disclosure.

I am aware that if I do not take up the position after the process of the DBS check has been started or if I resign within six months of employment, I will be liable for the cost of the DBS check.

**Employee Full Name:**

**Employee Signature:**

**Date:**