



Post Applied for:

Clinical Audiologist / Registered Hearing Aid
Dispenser

North West

Hearing Matters Job Application Form

Closing Date:

Interview Date:

It is important that you read the guidance notes before completing this application form. Please complete this form fully using black ink or type. C.V.s are not accepted. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:National Insurance N^o:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N^o:Mobile Telephone N^o:

E-mail address:

Can we contact you at work?

Yes

☐

No

☐

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

☐

No

☐

Job Share Details

Are you applying on a job share basis?

Yes

☐

No

☐

Driving Licence – if relevant to post applied for.

Do you hold a full, clean driving licence valid in the UK?

Yes

☐

No

☐

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2

Present Employment

Present Employment (If currently unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service
(if no longer employed):

Reason for leaving
(if no longer employed):

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

Name of Employer:	
Address:	
	Postcode
Position Held:	
Summary of duties:	
Reason for leaving:	

Name of Employer:	
Address:	
	Postcode
Position Held:	
Summary of duties:	
Reason for leaving:	

Name of Employer:	
Address:	
	Postcode
Position Held:	
Summary of duties:	
Reason for leaving:	

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details
Membership of any Professional / Technical Associations- Please state level of Membership:	

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6

Personal Statement

Abilities, skills, knowledge and experience.
Please use this section to explain in detail how you meet the requirements of the Job Description. If you are, or have been, involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes ☐

No ☐

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information is required as the post you are applying for has a requirement for a Criminal Records Bureau police check. **(See Guidance Notes)**.

Enhanced Checks Only

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes ☐

No ☐

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. **(See Guidance Notes)**.

Do you have a disability which is relevant to your application?

Yes ☐

No ☐

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?

Yes ☐

No ☐

If yes, please give details:

Section 10 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 11 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/>		<input type="text"/> Postcode <input type="text"/>
Telephone N°:	<input type="text"/>	Telephone N°:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview?

Yes

☐

No

☐

Are you willing for this referee to be approached prior to the interview?

Yes

☐

No

☐

Section 12 Declaration

A. Relatives / Other Interests

Any candidate who directly or indirectly canvasses an employee of the Company will be disqualified from consideration for the job. The Company does not bind itself to appoint any applicant.

Are you related to or do you have a close personal relationship with an employee(s) of Hearing Matters? Yes ☐ No ☐

If yes, specify name(s), position(s) and relationship(s)

If appointed, do you have any interests or hold any appointments that may conflict with employment by the Company in the role for which you have applied? Yes ☐ No ☐
If yes, please detail on a separate sheet. (See Guidance Notes)

B. Statement to be Signed by the Applicant

The Company is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I acknowledge that the Company is under a duty to protect the public, and to this end I agree it may use information provided on this form for prevention and detection of crime, and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the job description.

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from Hearing Matters Ltd. must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.

Hearing Matters undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM



By Hand or Post:

Hearing Matters
318, Mossley Road
Ashton-under-Lyne
OL6 6LW

By E-Mail:

info@hearingmatters.co.uk

Enquiries:

Telephone: 0161 339 1481