## **Application Form**

Applicant Ref:	
(office use only)	

AN EQUAL OPPORTUNITIES EMPLOYER

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<ul> <li>CVs will not be accepted</li> <li>Canvassing will disqualify</li> <li>Only applications containing all the information which has been sought will be considered</li> <li>You are strongly encouraged to complete the equal opportunities section of this form which is used only for monitoring/statistical purposes and is not made available to the panel</li> <li>Applications received after the closing date and time will not be considered</li> <li>Complete in Black Ink</li> </ul>	Closing Date:
We are ur	nder no obligation to take account of your holiday arrangements.
Surname:	Title (Mr, Mrs, Miss, Ms, Dr):
First Names:	Previous Surname:
Contact Address:	
Postcode:	
Contact Number:	National Insurance No:
Email Address:	
Would you be willing to receive correspondence by email AND  Do you hold a current full driving licence valid in the UK?  If required, do you have access to a car, or a form of transport enable you to undertake the duties of this post?  Please name two referees (not relatives) at least one of whom	☐ Yes ☐ No
supervisory/managerial capacity. (Please note that we will alw	ays seek a reference from your last H&SS/NHS employer).
Title (Mr, Mrs, Miss, Ms, Dr):	Title (Mr, Mrs, Miss, Ms, Dr):
Name:	Name:
Occupation:	Occupation:
Address:	Address:
Postcode:	Postcode:
Phone No:	Phone No:
Email:	Email:
Can we contact this referee prior to interview? Yes	Can we contact this referee prior to interview? Yes

EDUCATION COSE Of avail Alloyal NIVO Socratorial or Equivalent
<b>EDUCATION</b> — GCSE, O-Level, A-Level, NVQ, Secretarial or Equivalent
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EDUCATION — GCSE, O-Level, A-Level, NVQ, Secretarial or Equivalent									
Subject	Exan	n Body	Le	vel Attair	ned	Grade	9	Date	
FURTHER EDUCATION									
Certificate/Diploma	a/Degree	Resi	ult	Exams	yet to b	e taken	Da	ate Obtained	
PROFESSIONAL QUALIFIC Management)	CATIONS (e.g. Nui	rsing, Alli	ed Hea	lth Prof	ession	al, Social	Care,	Administrati	on,
Name of Professional Body	Name of Professional Body Type of Registration		Professional Registration No.		Date Obtained			Date of Expiry	
Are you currently the subject of a referral to, or an investigation by, your professional body?									
, ca canona, and dabject of			Yes		No		Not App	olicable	
Have you been involved or are	VOLL CURRENTLY INVOLVE	d in anv or	_	∟ al or ner					iaht
undermine your standing ability			Yes		No	COOIVEU (	, periuli	ig issue that II	igiit
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INDEPENDENT SAFEGUARDING AUTHORITY  Have you ever been referred to the Independent Safeguarding Authority as a result of misconduct involving children and / or vulnerable adults?  Yes No									
If yes please provide full details below.									
il yes piease provide idii detalis below.									
EMPLOYMENT HISTORY — PRESENT POST									
Employer Name:				Period of Noti	ce:				
Employer Address:	Salary/Wage:								
				Job Dept/Loc	ation:				
Į				Start Date:					
Job Title:				Reason for Le	eaving:				
Employment Status:	Permanent	Tempo	orary	Agency					
Principal Duties of Prese	ent Post:								
EMPLOYMENT HISTORY — PREVIOUS POSTS									
Please list all your previou	s posts beginning v	with the mos		1	it of employment and any trainin				
			st recent inc End Date	cluding periods ou Reason for Leaving	nt of employment and any training <b>Duties</b>				
Please list all your previou  Name and Address	Job Title & Band/Grade/	with the mos	End	Reason for	1				
Please list all your previou  Name and Address	Job Title & Band/Grade/	with the mos	End	Reason for	1				
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Please list all your previou  Name and Address	Job Title & Band/Grade/	with the mos	End	Reason for	1				
Please list all your previou  Name and Address	Job Title & Band/Grade/	with the mos	End	Reason for	1				
Please list all your previou  Name and Address	Job Title & Band/Grade/ Level	Start Date	End Date	Reason for Leaving	Duties				
Name and Address of Employer	Job Title & Band/Grade/ Level	Start Date	End Date	Reason for Leaving	Duties				
Name and Address of Employer	Job Title & Band/Grade/ Level	Start Date	End Date	Reason for Leaving	Duties				
Name and Address of Employer	Job Title & Band/Grade/ Level	Start Date	End Date	Reason for Leaving	Duties				

ADDITIONAL INFORMATION
Please include any other information which may be relevant to this application, detailing how you meet each of the criteria as outlined in the personnel specification.
CONVICTIONS / OFFENCES
Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979, the Northern Ireland Health and Social Services are included in the list of excepted employers. As such, all criminal convictions may never be regarded as spent and must be disclosed when applying for a post in the Health Service. It is necessary therefore to ask the following questions:
Have you <u>ever</u> been convicted of any criminal offence?  Yes No
Are you currently the subject of police investigation or Yes No do you have any prosecutions pending?
List below details of ALL charges, prosecutions, convictions, cautions, bind-over orders—even if they happened a long time ago. You must include any minor matters, any road traffic or motoring offences and any which may be pending.

Please note that disclosure of a conviction does not necessarily debar any applicant from obtaining employment.

## **MEDICAL HISTORY**

Whether you have been in employment or not, please give details and dates of all periods of sickness over the past 3 years up to the date of this application.

years up to the date of this application.									
	Nature of Sickness	Date From	Date To	No of Days	Did you consult a doctor?				
Have	you ever had to resign, retire	or been dismissed	from a post becaus	se of ill health?	es No				
DISA	BILITY								
Do yo	ou require a reasonable adjust	ment for reasons re	elated to a disabilit	y to allow you to:					
(a)	attend for interview?		Yes	☐ No					
If y	es, please give details:								
(b)	undertake the duties of this p	ost if successful?	Yes	☐ No					
If y	ves, please give details:								
PER	SONAL DECLARATION								
1.	I declare that all the foregoin	g statements are tr	rue, complete and	accurate					
2.	I understand that if I give wrothis job	ong information or l	eave out important	information I could be dism	nissed if I take up				
3.	I understand that to take up checks (if applicable)	this job I must have	e satisfactory refere	ences, health assessment a	nd Access NI				
4.	I understand that I may be a	sked to show some	formal identification	on and evidence of qualifica	tions if required				
5.									
6.	·								
7.									
8.									
9.									
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Your Signature: Date:									
Please indicate how you became aware of this vacancy:									
	HSCRecruit.com	HSC Tra	_	Professional Jou	urnal				
	Radio	Newspar	per, please specify						
	Other, please specify:								