

Prime Diagnostics Limited

Job Application Form

Post Applied For

Location

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

Please complete this form fully using black ink if completing by hand

Section 1 Personal Details

Mr	Mrs	Miss	Ms	Dr	Other (please specify)
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Last Name	First Name
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Previous Names (if applicable)

Address

Postcode	Date of Birth
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Home Telephone No	Mobile No
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National Insurance No									
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Email address

If you are successful you will be required to provide relevant evidence of the above details

Section 2

Educational Qualifications

Level	Subject	Place of study	From	To	Grade

Section 3

Professional Training & Qualifications

Qualification	Issuing Body	Place of study	Date of award

Professional Registration – GMC/NMC

Issuing Body	Registration No	Expiry Date	Name in which registered

Independent Safeguarding Authority

Registration No	Name in which registered

Professional Defence (Medical Staff Only)

Details of Recognised Professional Defence Organisation		
Name of Organisation	Registration No	Expiry Date

Section 4

Present Employment (or most recent)

Name of Employer	[]
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Address including postcode	[]
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Date of Appointment	[]	Date of Leaving (if applicable)	[]
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Post Title	[]	Current Salary and Band (if applicable)	[]
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Brief Description of Duties []

Notice period	[]
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Reason for leaving (if no longer employed) []

Section 5 Previous Employment

Please cover the last 10 years and state nature of business – if not public sector

Name of Employer	
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Address including postcode	
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Date of Appointment		Date of Leaving	
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Post Title		Reason for leaving	
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Summary of duties	
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Name of Employer	
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Address including postcode	
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Date of Appointment		Date of Leaving	
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Post Title		Reason for leaving	
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Summary of duties	
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Continue on a separate sheet if necessary

Section 8

Rehabilitation of Offenders Act (1974)

Due to the nature of the work for which you are applying, this post is exempt from the provisions of sections 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation Act 1974 Exemptions Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are “spent” under Provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

Do you have any convictions that are unspent under the Rehabilitation of Offenders Act 1974 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please provide details

Section 9

Criminal Records Bureau

In order to protect certain vulnerable groups within society and depending on the post for which you are applying, we will require a criminal record check to be carried out. A criminal record will not necessarily be a bar to obtaining a position and disclosure information will not be used unfairly.

Are you aware of any police enquiries undertaken following allegations made against you which may have a bearing on your suitability for this post ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 11

Recruitment Monitoring Form

In order to help us monitor the implementation of our Equality and Diversity policies and to ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason), please complete this section of the application form.

This form will be kept separate from your job application and your responses will not form part of the recruitment process.

Post Applied For	
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Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Age Group	<input type="checkbox"/> 16-25	<input type="checkbox"/> 26-35	<input type="checkbox"/> 36-45	<input type="checkbox"/> 46-55	<input type="checkbox"/> 56-65	<input type="checkbox"/> 66-70	<input type="checkbox"/> Over 70
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Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual	<input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
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Ethnic Origin (Census 2001 Ethnicity Categories)	<input type="checkbox"/> White – British	<input type="checkbox"/> Asian or Asian British – Indian	<input type="checkbox"/> Mixed – White and Black Caribbean
	<input type="checkbox"/> White – Irish	<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Mixed – White and Black African
	<input type="checkbox"/> Other White background	<input type="checkbox"/> Asian or Asian British – Bangladeshi	<input type="checkbox"/> Mixed – White and Asian
	<input type="checkbox"/> Black or Black British – Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Mixed background
	<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/> Other Asian background	<input type="checkbox"/> Other ethnic background
	<input type="checkbox"/> Other Black background		<input type="checkbox"/> Prefer not to say

Religion or belief	<input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh	<input type="checkbox"/> Some other religion or belief <input type="checkbox"/> No religious belief <input type="checkbox"/> Prefer not to say
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Thank you for taking the time to complete this form