# **Prime Diagnostics Limited**

# **Job Application Form**

Post Applied For	Location					
THE INFORMATION	N 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)					
Last Name	First Name					
Previous Names (if applicable)						
Address						
Postcode	Date of Birth					
Home Telephone No	Mobile No					
National Insurance No						

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

Email address

Section	on 2	Educ	ational Qu	alificati	ions			
Level	Subject		Place of stud	dy	From	То		Grade
Section	on 3	Prof	essional Tr	aining 8	& Qualif	fications	S	
Qualification	on	Issuin	g Body	Plac	e of study		Date	of award
Profession	onal Registrati	on – GM	C/NMC					
Issuing Boo	dy	Registrat	tion No Expiry		/ Date		Name in which registered	
Independent Safeguarding Authority								
Registration No Name in which registered			which registered	7				
Profession	onal Defence (	Medical :	Staff Only)					
Details of Recognised Professional Defence Organisation								
Name of Organisation		Registration No		Expi	Expiry Date			

# Present Employment (or most recent) **Section 4** Name of Employer Address including postcode Date of Appointment Date of Leaving (if applicable) Post Title Current Salary and Band (if applicable) **Brief Description of Duties** Notice period 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

I r 1	
Name of Employer	
Address	
including	
postcode	
posteduc	Ī
Date of Appointment	Date of Leaving
<u> </u>	
Post Title	Reason for leaving
1 1	
Summary of duties	
Name of Employer	
Address	
including	
postcode	
Date of Appointment	Date of Leaving
Date of Appointment	Dute of Ecaving
Post Title	Reason for leaving
1 1	
, , , , , , , , , , , , , , , , , , , ,	
Summary of duties	

Continue on a separate sheet if necessary

## Section 6 References

Please give below the name and address of your current or most recent employer together with one other person who will be able to comment on your ability to do this job.

Name	Designation				
Address	I				
Telephone number					
Can we contact this referee prior to offer of employment?	Ye	s	No		
Name	Designation				
Address					
Telephone number					
Can we contact this referee prior to offer of employment?	Ye	s	No		
		I	I		
Section 7 Personal Staten	nent				
Please tell us why you wish to be considered for this po achievements.	ost, highlighting	g your releva	ınt skills, exper	ience and	
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 sections4(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.

	Yes	No
<u> </u>		
If Yes, please provide details		
Section 9 Criminal Records Bureau		
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In order to protect certain vulnerable groups within society and depending on the post for wh		
In order to protect certain vulnerable groups within society and depending on the post for wh will require a criminal record check to be carried out. A criminal record will not necessarily		
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### **Section 10** Declaration

#### I hereby certify that:

- All the information given by me on this form is correct and 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 conditions of employment and the job description

Signed	Date
(please print name if you are completing this form online, if selected for interview you will then be asked to sign this application form)	

We are unable to acknowledge receipt of forms. If you have not been contacted within 3 weeks, please assume your application has not been successful.

Prime Diagnostics Limited 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.

#### **RETURNING THIS FORM**



#### By Post:

Human Resources
Prime Diagnostics Limited
PO Box 351, HITCHIN, SG5 4XA



#### By Email:

tara.imrie@primediagnostics.co.uk

### 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 F	or						
Gender			☐ Female				
Age Group	<b>1</b> 6-25	<b>□</b> 26-35 <b>□</b> 3	26-35 🔲 36-45 🔲 46-55 🔲 56-65				Over 70
Sexual Orientation  Gay/Lesbian  Bisexual			Other Prefer not to say				
Ethnic Origin (Census 2001 Ethnicity Categories)  White — British  White — Irish  Other White background  Black or Black British — Caribbean  Black or Black British — African  Other Black background		Asian Pakistani Asian Banglade Chine	or Asian British eshi	-	☐ Mixed – White Caribbean ☐ Mixed – White African ☐ Mixed – White ☐ Other Mixed b ☐ Other ethnic b ☐ Prefer not to s	e and Black e and Asian packground packground	
Religion or belief  Christian  Buddhist  Hindu			☐ Jev ☐ Mu ☐ Sik	uslim		Some other belief No religious Prefer not to	belief

Thank you for taking the time to complete this form