

Application Form

Applicant Ref:

(office use only)



AN EQUAL OPPORTUNITIES EMPLOYER

NOTES:

- CVs will not be accepted
- Canvassing will disqualify
- Only applications containing all the information which has been sought will be considered
- Non-completion of the Equal Opportunities monitoring information may result in rejection of your application
- Applications received after the closing date and time will not be considered
- Complete in Black Ink

For administrative purposes please indicate planned holiday arrangements:

We are under no obligation to take account of your holiday arrangements.

Surname:

Title (Mr, Mrs, Miss, Ms, Dr):

First Names:

Previous Surname:

Home Address:

Postcode:

Contact No:

Address for Correspondence:

(if different)

Postcode:

Mobile No:

National Insurance No:

Email Address:

Nationality: ☐ EC

(please tick)

☐ Non-EC

If Non-EC please specify

Do you hold a current full driving licence valid in the UK? ☐ Yes

☐ No

If required, do you have access to a car, or a form of transport which will enable you to undertake the duties of this post?

☐ Yes

☐ No

Please name two referees (not relatives) at least one of whom should have knowledge of your present work and be in a supervisory/managerial capacity. (Please note that we will always seek a reference from your last H&SS/NHS employer).

Title (Mr, Mrs, Miss, Ms, Dr):

Name:

Occupation:

Address:

Postcode:

Phone No:

Email:

Can we contact this referee prior to interview? ☐ Yes

☐ No

Title (Mr, Mrs, Miss, Ms, Dr):

Name:

Occupation:

Address:

Postcode:

Phone No:

Email:

Can we contact this referee prior to interview? ☐ Yes

☐ No

EDUCATION — GCSE, O-Level, A-Level, NVQ, Secretarial or Equivalent

Subjects Passed	Examining Body	Level Attained	Grade	Year

FURTHER EDUCATION

Degree/Diploma/Certificate	Result & Date Obtained	Exams to be taken

PROFESSIONAL QUALIFICATIONS (e.g. Nursing, Allied Health Professional, Social Care, Administration, Management)

Name of Professional Body	Part No. with Date & Result	Final with Date & Result	NMC Registration/Enrolment No./PIN No	Expiry Date	Exams to be Taken

EMPLOYMENT HISTORY — PRESENT POST

Employer Name:	<input type="text"/>	Period of Notice:	<input type="text"/>
Employer Address:	<input type="text"/>	Salary/Wage:	<input type="text"/>
		Job Dept/Location:	<input type="text"/>
		Start Date:	<input type="text"/>
Job Title:	<input type="text"/>	Reason for Leaving:	<input type="text"/>

Principal Duties of Present Post:

Employment Status: ☐ Permanent ☐ Temporary ☐ Agency**EMPLOYMENT HISTORY — PREVIOUS POSTS**

Please list all your previous posts beginning with the most recent including periods out of employment and any training.

Name and Address of Employer	Period of Employment		Reason for Leaving	Position / Grade And Duties
	From (dd/mm/yy)	To (dd/mm/yy)		

If you have any gaps in your career history, please include and explain these in the box below.

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 ever been convicted of any criminal offence? ☐ Yes ☐ No

Are you currently the subject of police investigation or do you have any prosecutions pending? ☐ Yes ☐ No

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.

Nature of Sickness	Date From	Date To	No of Days	Did you consult

Have you ever had to resign, retire or been dismissed from a post because of ill health?

☐ Yes

☐ No

DISABILITY

Do you consider yourself to have a disability which is relevant to your job application? ☐ Yes

☐ No

If yes, is there anything we need to know about your disability in order to ensure you have equality of opportunity e.g. interpreter, access to car parking facilities etc ?

PERSONAL DECLARATION

1. I declare that all the foregoing statements are true, complete and accurate
2. I understand that if I give wrong information or leave out important information I could be dismissed if I take up this job
3. I understand that to take up this job I must have satisfactory references, health assessment and POCVA checks (if applicable)
4. I understand that I may be asked to show some formal identification and evidence of qualifications if required
5. I confirm that as far as I know there are no medical reasons which would stop me from carrying out the duties of this job
6. I agree to you making any necessary enquiries during the recruitment and selection process
7. I understand that canvassing will disqualify me from the selection process for this job

Your Signature: _____

Date: _____

Please indicate how you became aware of this vacancy:

☐ Job Bulletin

☐ Internal Trust Trawl

☐ Nljobs.com

☐ Professional Journal

☐ Belfast Telegraph

☐ HPSSjobs.com

☐ CSA Trawl

☐ Irish News

☐ The Newsletter

☐ Other, please specify:

EQUAL OPPORTUNITIES MONITORING**STRICTLY CONFIDENTIAL****NON COMPLETION OF THIS SECTION MAY RESULT IN YOUR APPLICATION BEING REJECTED**

This organisation is fully committed to equality of opportunity for all job applicants regardless of sex, marital status, disability or perceived religious affiliation.

Applicants for posts are selected solely on the basis of merit.

To ensure that our Equal Opportunities Policy is effective, monitoring is undertaken on the basis of comparison of sex, marital status, disability and perceived religious affiliation of applicants and to facilitate this process you are requested to complete the following questionnaire by ticking the appropriate boxes:

1. SEX☐

Male

☐

Female

2. MARITAL STATUS☐

Single

☐

Married

☐

Other

3. DISABILITY

The Disability Discrimination Act 1995 defines 'Disability' as:

"a person has a disability ... if he/she has a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day-to-day activities"

Do you have, or have you had, a physical or mental impairment which has a substantial and long-term adverse affect on your ability to carry out normal day-to-day activities?

☐

Yes

☐

No

4. RELIGIOUS AFFILIATION☐

I am a member of the Protestant Community

☐

I am a member of the Roman Catholic Community

☐

I am a member of neither the Protestant nor the Roman Catholic Community

5. ETHNIC ORIGIN☐

Black African

☐

Bangladeshi

☐

Black Caribbean

☐

Chinese

☐

Indian

☐

Irish Traveller

☐

Pakistani

☐

White

☐

Mixed Ethnic

☐

Filipino

☐

Other

6. DATE OF BIRTH
 / /

Access to this information will be strictly controlled. It will not be available to those considering your application for employment. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. The information will not be used for any purpose other than equal opportunities monitoring.

Application forms should be returned by the closing date to:

Vacancy Scheduling Team
Beechfield House
Craigavon Area Hospital
Craigavon
Co.Armagh
BT63 5QQ