



Holy Cross Hospital Haslemere Surrey GU27 1NQ

Telephone: Haslemere (01428) 643311

Fax: (01428) 644007

e-mail: info@holycross.org.uk

www.holycross.org.uk

Please complete, in **black** ink or ball point, and return to Human Resources Department.

CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Post Applied For:

Surname (Block Capitals)	Mr	Mrs	Ms	Miss	Other
Forenames:					
Present Address:	E-mail Address:				
Postcode:					
Telephone (Home):	(Work):	(Mobile):			
How did you learn of this vacancy? Give publication or other source:					
National Insurance Number:					

EDUCATION, TECHNICAL AND PROFESSIONAL QUALIFICATIONS

Educational Institute/ Professional Body	Qualifications Gained: GCSE etc.	Grades Achieved

FURTHER EDUCATION

College/ University	Qualifications Gained	Registration No. / Pin No. (if applicable)

PERSONAL DEVELOPMENT

Include any course, membership, voluntary work or specialist skills, training received, responsibilities you consider relevant, with outcomes where applicable

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(please continue on a separate sheet if necessary)

PRESENT OR LAST EMPLOYMENT

Name and Address or Last Employer	Post Title	Summary of Role	From	To
Salary and Benefits:		Notice Required:		
Do you have any other paid employment? If YES , please give details:		YES/NO		

PREVIOUS EMPLOYMENT Most recent employment first

Name and Address of Employer	Post Held/ Summary of Role	From	To	Reason for Leaving

Please continue on a separate sheet if necessary

HEALTH

Please give details of any periods of illness, 3 consecutive days or more, which have caused you to be absent from work during the last 3 years

Please continue on a separate sheet if necessary

SUPPORTING STATEMENT

Please state the reasons for your application, including a summary of your present duties, experience and any special interests relevant to the post for which you are applying. Continue on a separate sheet if necessary.

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REFERENCES

Please give the names of people who could provide a reference regarding your suitability for the post for which you are applying. **One of these should be your Present or Most Recent Employer**, who is able to provide a reference on behalf of the employing organisation on their headed paper or with the company stamp. School / College leavers should give the names of lecturers / tutors / head teachers. You should **not** give friends or relatives as referees.

Current/Most Recent Employer

Second Referee

Name <input type="checkbox"/>	Name <input type="checkbox"/>
Address	Address
Telephone No.	Telephone No.
How do they know you?	How do they know you?

References will be sought any time after the short-listing stage. You will be asked to give your written consent before referees are contacted. **IF YOU DO NOT WISH TO DO THIS, PLEASE INDICATE CLEARLY BY CROSSING THE APPROPRIATE BOX.**

Do you require a work permit to work in the United Kingdom
If YES, do you have one?

YES/NO
YES/NO

If YES, what does it permit you to do?

Please provide a copy of all papers, including passport stamps, which are relevant to you working in the United Kingdom, when returning your completed application form.

REHABILITATION OF OFFENDERS ACT

Applicants for posts in Health and Social Services are not entitled to withhold information about convictions, however long ago these occurred. Any information given will be completely confidential and will be considered only in relation to applications for positions covered by the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Failure to disclose such convictions could result in dismissal or disciplinary action by the hospital.

Before continuing an offer of employment, the hospital requests you seek Disclosure of past criminal records from the Criminal Records Bureau. Please confirm that you are willing to make this application: (*delete as appropriate)

I am/ am not* willing to make an application for Disclosure of information from the Criminal Records Bureau.

Signed.....

Data Protection Statement - The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or third party via your payslip. We may also use the information if there is a complaint of legal challenge relevant to this recruitment process. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Commissioner.

DECLARATION

I declare that the information I have given in my application is accurate and true. I understand that providing false information will disqualify me from appointment or, if discovered after appointment, may lead to dismissal.

I also understand that such appointment will be subject to medical clearance, satisfactory references, enhanced disclosure of information from the CRB and a probationary period.

I declare that:

- I am not currently the subject of any police investigation and/or prosecution in the UK or any other country.
- I have never been convicted of any criminal offence required by law to be disclosed, received a police caution in the UK, or criminal conviction in any other country.
- I am not currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such a regulatory body in another country.

- I have never been disqualified from the practice of a profession or required to practice it subject to specific limitation following a fitness to practice investigation by a regulatory body, in the UK or another country.
- I declare that I will, if by nature of a blood borne virus or infectious disease, notify you of any change in my health status.

Please note that failure to sign the declaration will render your application invalid

Signature: _____

Date: _____



Please use this section to confirm which documents (copies only) you are enclosing with your application form:
