

Confidential Application Form

Please complete all sections in type or black ink

Please return this application form to:	FOR OFFICE USE ONLY	
Elaine Turner The Foscote Hospital 2 Foscote Rise Banbury Oxfordshire OX16 9XP	Received:	References Requested: (1) (2)
	Application form screened:	References Received: (1) (2)
	First Interview:	Medical Clearance:
	Second Interview:	Offered:
	Rejected:	Accepted:

Position applied for

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Personal details

Title:	Mr/Mrs/Miss/Ms/Dr/Other	Home Telephone No:	
Surname:		Work Telephone No: (if it may be used)	
Forename:		Mobile Telephone No:	
Address:		Do you have the right to work in the UK? Yes/No	
Postcode:		<i>Please note that any offer of employment will be conditional upon your supplying evidence of your right to work in the UK.</i>	
e-mail address:		National Insurance No:	
Please indicate how you would prefer us to communicate with you:		Phone/e-mail/Post	
Do you have a current driving licence?		Yes/No	
Do you have any penalties or restrictions on your licence?		Yes/No	
If YES, please give details:			
Have you worked for the NHS in the past 6 months?		Yes/No	
If YES, please give details:			
When would you NOT be available for interview?			

How did you hear about this vacancy?

	Please Specify		Please Specify
Nursing Press		General Enquiry	
National Press		From an existing employee	
Local Press		Recruitment Drive	
Informal Visit		Company website	
Other website		Other	

Membership of professional bodies

Awarding Body	Membership Joining Date	Professional Registration Number (GMC/UKCC/State Registration No. etc)	Expiry Date

Education and training

Academic and other relevant qualifications			
Dates		School/College/University/Other	Qualifications Obtained (Grade/Date)
From	To		

Training courses attended (including short courses and workplace training)

Dates		Course Title	Organising Body	Result (Grade/Date)
From	To			

Current employment

Name and Address of Current Employer	Position Held	
	Salary	Length of time in post
	Grade (if applicable)	Period of notice required
	Enhancements/other Benefits	Number of days sickness in last 12 months
Brief description of current duties and responsibilities:		

Employment history

Please list below full details of any other employment over the last ten years beginning with your most recent employment.

Dates		Name/Address of employer and nature of business	Job Title (including grade if NHS)	Salary (Upon Departure)	Reason for Leaving
From	To				

Reason for application

Please use this space to say why you are applying for this position and to give any additional information in support of your application. Continue on a separate sheet if necessary.

References

Please give the names of two people who are able to provide references relating to your work experience and to your suitability for this post. One referee should be your manager at your current or most recent employer.

Company Name:	Company Name:
Address:	Address:
Postcode:	Postcode:
Contact Name:	Contact Name:
e-mail address:	e-mail address:
Job Title:	Job Title:
Relationship to you:	Relationship to you:
Telephone No/Extn:	Telephone No/Extn:
May we contact this referee before interview? Yes/No	May we contact this referee before interview? Yes /No
Please provide details if you were known by a different name:	Please provide details if you were known by a different name:

THE REHABILITATION OF OFFENDERS SECTION BELOW MUST BE COMPLETED BY ALL APPLICANTS

Because of the nature of the work for which you are applying, *the post is exempt by virtue of the:*

- *Rehabilitation of Offenders Act (exceptions) orders 1975 - England and Wales*
- *Rehabilitation of Offenders Act 1974(Exclusions and Exceptions)(Scotland) order 2003 (as amended)*

Applicants are therefore, not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act. In the event that you are employed, any failure to disclose such convictions could result in disciplinary action or dismissal. Any information given will be completely confidential and will be considered only relation to an application for positions to which the order applies.

Do you have any criminal convictions? Yes No

If YES, you must give details of all convictions. Please do this on a separate sheet and return it with this application form.

Data Protection Act 1998

I consent to Foscote Hospital processing personal data about me for purposes related to my employment in line with the Data Protection Act, 1998.

I understand that an appointment, if offered, is subject to the information I have given on this form being true and correct and that any offer of employment is subject to a satisfactory health report. I understand that withholding or mis-stating any of the facts called for above may result in the refusal or termination of my employment.

I declare that the information given on this application form is true and correct to the best of my knowledge.

Signature:

Date:

Applications for advertised roles and speculative applications

If you are applying for a recently advertised position your application will automatically be forwarded to the relevant hiring manager. If you do not hear from us within 2 weeks of the closing date you should assume that your application has not been successful on this occasion.

We will hold your details on file for a period of up to six months should a suitable position become available.

If you do not want us to hold your details on file please tick here

Please return your completed application form by email to elaine.turner@thefoscotehospital.co.uk or post to:
Elaine Turner, The Foscote Hospital, 2 Foscote Rise, Banbury, Oxfordshire OX16 9XP