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| IC2.17, Coventry University Technology Park, Puma Way, Coventry  CV1 2TT  Tel: 02476158138  Email: info@callpointcare.co.uk | **Application Form** | **(Official use only)**  FORM NUMBER/JOB REF: | |
| Issue: 01 | Date: |

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| Please complete this form using blank ink or type | | | | | | | | | | | | | | | | | | | | |
| Position applied for: | | | | | | | |  | | | | | | | | | | | | |
| NMC pin number & Expiry date for Registered Nurses: | | | | | | | |  | | | | | | | | | | | | |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | |
| Title: | | | Mr:  Mrs:  Ms:  other: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | NI Number: | | | |  | | | | |
| Forename: | | |  | | | | | | | | | Surname: | | | |  | | | | |
| Business Phone: | | |  | | | | | | | | | Mobile Phone: | | | |  | | | | |
| Email Address: | | |  | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | Postcode: | | | | | |  | | | | |
| Where did you learn about the post? | | | | | | | | | | | | | | | | | | | | |
| **Next of Kin / Emergency Contact Details:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | Relationship | | | | | |  | | | |
| Telephone | | | |  | | | | | | | Mobile | | | | | |  | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | |
| Preferred working arrangements if any:  (Full-time/Part-time/nights/Days) | | | | | |  | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | | | | | |
| **Relevant Qualifications**  **E.G. School/College/University/Adult Education ETC**  **(Please begin with most recent and work backwards)** | | | | | | | | | | | | | | | | | | | | |
| Qualifications achieved and Grades:  Qualifications achieved and Grades: | | | | | | | Name & Address of education establishment: | | | | | | | | | | | Dates from & to: | | |
|  | | | | | | | | | | |
|  | | |
| Qualifications achieved and Grades: | | | | | | |  | | | | | | | | | | |  | | |
| **Other Training/Courses** | | | | | | | | | | | | | | | | | | | | |
| Please continue on a separate sheet if necessary] | | | | | | | | | | | | | | | | | | | | |
| **Employment** | | | | | | | | | | | | | | | | | | | | |
| **Current or most recent post** | | | | | | | | | | | | | | | | | | | | |
| Employer’s name, address and nature of business: | | | | | | | | | | Main duties & responsibilities: | | | | | | | | | | |
| Tel No: |  | | | | | | | | |
| Position: |  | | | | | | | | |
| Dates: | From:  To: | | | | | | | | | Salary / Rate of pay: | | | | | | | | |  | |
| Notice required by current employer / date available to commence employment: | | | | | | | | | | Reason for leaving / wanting to leave: | | | | | | | | | | |
| **Previous Employment** | | | | | | | | | | | | | | | | | | | | |
| Please provide **full** details of all previous posts you have held, including those with HC-One (if applicable) starting with the most recent first. You will also need to include any dates (if applicable) when you have not been in employment. (Please use continuation sheets if required). | | | | | | | | | | | | | | | | | | | | |
| Name & Address of Employer | | | | | Appointment held/Grade &/or Salary | | | | Dates (dd/mm/yy) | | | | | | | | | | | Reason for leaving |
| From | | | | | To | | | | | |
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| **Previous Employment (cont)** | | | | | | | | | | | | | | | | | | | | |
| Name & Address of Employer | | | | | Appointment held/Grade &/or Salary | | | | Dates (dd/mm/yy) | | | | | | | | | | | Reason for leaving |
| From | | | | | | From | | | | |
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| **References** | | | | | | | | | | | | | | | | | | | | |
| Give name, job title, relationship to referee and address to **TWO** people, who must know you well to whom a reference may be made. Referee 1 **must** be your present (or most recent) employer, Referee 2 **must** be from a previous employer (unless you have held only one job, in which case this may be an educational or character reference). If you have never held a job, educational and/or character references will be satisfactory. A character referee: must have known you well personally for at least two years; must not be related to you by birth or marriage: and must hold (currently or retired) some form of professional occupation or public office. | | | | | | | | | | | | | | | | | | | | |
| **Referee 1** Do not contact before interview | | | | | | | | | | | | | **Referee 2** Do not contact before interview | | | | | | | |
| Name | | | | | | | | | | | | | Name | | | | | | | |
| Job Title: | | | | | | | | | | | | | Job Title: | | | | | | | |
| Relationship to referee: | | | | | | | | | | | | | Relationship to referee: | | | | | | | |
| Address: | | | | | | | | | | | | | Address: | | | | | | | |
| Post Code: | |  | | | | | | | | | | | Post Code: | | |  | | | | |
| Tel No: | |  | | | | | | | | | | | Tel No: | | |  | | | | |
| Email: | | | | | | | | | | | | | Email: | | | | | | | |
| **N.B. Appointment is confirmed subject to receipt of satisfactory references.** | | | | | | | | | | | | | | | | | | | | |
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| **Declaration** | | | | | | | | | | | | | | | | | | | | |

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| I declare that the information given in my job application forms is accurate and complete. I understand that any misleading statements may be sufficient to cancel any offer of employment or may result in the immediate termination of my employment. Due to the nature of the duties, I will be expected to undertake it is my responsibility to declare any criminal convictions, reprimands, cautions, NMC suspensions / removals from register / warnings as to future conduct both before and after any employment by CallPoint care. This includes any referral to, or inclusion on, the DBS, SOVA or POCA lists, or any such scheme currently existing or that comes into being during my employment with CallPoint care that may affect my suitability for the post applied for. During any interview I will declare whether I have been dismissed from any post, asked to leave or disciplined and give reasons for this. I understand that any offer of employment is subject to an Enhanced DBS check indicating my suitability for employment. I am unaware of any physical or mental conditions that will, or may, affect my ability to fulfil the full range of duties that I might reasonably be expected to perform. Any changes to my abilities to fulfil duties fully will be notified to Callpoint care immediately. If I intend to use a car to travel to and from work I will ensure that it is adequately insured for this purpose.  I am ware that a period of notice may be required should I be employed then wish to terminate my employment. | | |
| Signature: | Date: | ..  DD MM YY |