MediNu Recruitment Agency Ltd

Application Form

1. Personal Details

Surname (Mr / Mrs / Ms / Miss)…….. Forenames…….

Maiden/Previous Name (if applicable)……

Permanent UK Address……..

…….

…… Post code ……

Telephone No. (Home)……. Mobile No……..

Work No. (Discretion will be used)……
ext……

Email Address…… Fax No……

Date of Birth……..National Insurance Number…….

Do you have a full driving licence? Yes /No

Do you have use of a car? Yes/ No

Can you communicate in languages other than English? Yes/ No

If 'yes' please specify…….

Nationality…….

Overseas Applicants - For non -British and non EU Nationals only

Date of Entry into the UK……..

Do you have a visa to work in the UK? Yes/ No

If yes what is the expiry date…….

Passport number…… Issued at……..

Please note: original identification documents verifying your right to work in the UK will be requested, checked and a photocopy taken. If your application is successful and you commence employment the copy of your identification documents will be retained on file under the regulations governed by the Immigration Asylum and Nationality Act.

2. **Type of Employment Sought**(Please tick your desired options)

◯ **Full Time** ◯ Part Time ◯ Nights ◯ Weekends ◯ Seasonal

◯ Holidays ◯ Odd Days ◯ Long Term ◯ Evenings ◯ Permanent

When are you available to work from?..... to……

Please specify type of work sought:

◯ **Doctor** ◯ Theatre Staff ◯ Nursing ◯ Health Care Assistant

◯ Pharmacist ◯ Dispenser ◯ Shop Assistant

Other (please specify)……

In which geographical areas would you prefer to work?.....

……

If part time, please specify days/times you would like to work?.....

……

When can you start?.....

3. **Education/Qualifications (**including overseas) Please start with secondary education.

To Mth/Yr	From Mth/Yr	Secondary School/College/University etc.	Examinations taken or to be taken	Results & grades	Date gained

4. Training

Please list any course(s) which you have undertaken which are relevant to the job and/or specified on the person specification.

Year	Organising Body	Course Title	Length

Please continue on a separate sheet if necessary.

5. Membership(Please indicate membership of any organisation (s) relevant to this job.)

Name of organisation	Type of membership	Date of membership

6. **Past Employment & Experience** (include voluntary or other relevant work experience)

To	From	Employer	Job Title	Reason for change

Please continue on a separate sheet if necessary.

7. **Present or Most Recent Employment**

Job title…….. Employer……

Salary……

Date started…….Date left (if applicable)……..

Address…….

…….Post Code…….

Reason(s) for leaving (if applicable)……..

…….

8. **Ill Health Retirement/Dismissal**

If you have been retired on health grounds you will need to prove you are fit for work? Yes/No

Have you ever been subject of disciplinary action? Yes/ No

If Yes please give details……

…….

9. Emergency Contact

Name…….. Relationship…….

Address……

……Tel. No. (Daytime)……

10. References

Please give details pf two referees one of which must your current or most recent line manager/supervisor, or other person designated within the organisation to provide references.

Please put a cross in the appropriate box (es) if you do not wish us to take up a reference without your consent.

Name……..□

Address…….

……Postcode……..

Tel no……Email…….

Job title……Relationship to you……..

If this referee knows you by another name please give that full name……..

Name……..□

Address…….

……Postcode……..

Tel no……Email…….

Job title……Relationship to you……..

If this referee knows you by another name please give that full name……..

11. **Data Protection Act 1988 / Declaration**(Please Read and Sign)

I declare that all the information I have given is correct. I understand that if I knowingly make false statements I could be the subject of Police investigation and prosecution. It may also terminate my employment from Angel Assist Ltd. I understand that my registration is subject to at least two satisfactory references and a current CRB check. I undertake to inform you immediately if I am engaged through your introduction, including the offer of permanent employment following temporary assignment. I am aware that personal data (including where relevant, sensitive personal data) relating to myself, whether obtained from myself or from any other source, will be retained by Angel Assist Ltd indefinitely for the purposes of providing me with employment and/or training.

I hereby confirm that my personal details may be held and disclosed in the manner contained herein, and will inform Angel Assist Ltd of any changes in circumstances which may affect my ability to work in the care profession while registered with Angel Assist Ltd.

Applicant's signature…… Date……

MediNu Office Use Only

ID Confirmed
……

Consultant's Notes……

……

……

Signature……

SENT □ INT (interview□ CRB □TRAINING CERTIFICATES□ REF1 □ REF2 □