

Application Form

LUMA
HEMOCARE



Giving you the care you want

The recruitment process within this organisation has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS.

Position applied for:	
Approx. no. of hours wanted	
Full-time / part-time (please circle which you want to work)	Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only (please circle which you are able to work)
Surname:	First name(s):
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
Current address:	
Post code:	Moved to this address on (date):
Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
Telephone number (home):	Telephone number (work - <i>will be used with discretion</i>):
Own Transport (Yes/No): How long has your license been held?	Clean current driving license: Endorsements:
Details:	

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EDUCATION

School/College/University	Examinations Passed/Qualifications gained
	<i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

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SHORT COURSES ATTENDED

Subjects	Location

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EMPLOYMENT HISTORY

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Other roles (use additional sheet):	

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Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes / No

If yes, please give details:

Any offer of employment may be made subject to a satisfactory medical report.

GP's name:

Tel no:

Address:

(Your GP will not be contacted without your permission)

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NEXT OF KIN

Full name:	
Relationship:	
Tel no:	
Email address:	
Address:	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No (<i>delete as appropriate</i>)
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No (<i>delete as appropriate</i>)

Note: Minimum age legislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

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REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent Employer

Name:	
Address:	
Post code:	
Tel No:	
Email address:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No:	
Email address:	
Job title:	

Character reference

Name:	
Address:	
Post code:	
Tel No:	
Email address:	
Relationship to you:	

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Declaration under the Protection of Freedoms Act 2012

The post for which you are applying is a 'regulated activity' within the meaning of Part 5 Chapter 1 of the Protection of Freedoms Act 2012 and it is a **criminal offence** for a 'barred person' to apply to work in a regulated activity. If you are a barred person you **must not** proceed with this job application.

If your application is successful you will be required to co-operate with us in obtaining a disclosure of criminal convictions and in checking your barred status with the Disclosure and Barring Service.

Declaration

Are you a barred person? Answer "Yes" or "No" _____

Do you have any outstanding criminal prosecutions or convictions that might lead to your being barred from working on child-orientated premises (e.g. schools), with children or with protected adults?

Answer "Yes" or "No" _____ If "Yes", give full details:

Do you have any convictions, cautions, reprimands or final warnings that would not be filtered in line with current guidance?

Answer "Yes" or "No" _____ If "Yes", give full details

Surname (print) _____

Forenames (print) _____

If you have previously had any other surname(s) or forename(s), you must declare all of them below and state the date of each change and the reason.

Signed _____ Date _____

Registration/PIN number (if applicable) _____