

Application for the post of: \_\_\_\_\_

## Personal Details

Full Name: \_\_\_\_\_

Address:

Tel. No. Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Postcode:

National Insurance Number:

Are you United Kingdom (UK), European Community (EC)  
or European Economic Area (EEA) National?

Yes

No

If you have answered 'no' above, please select the category that relates to your current immigration status:

Highly Skilled Migrant Programme/Tier 1

Indefinite Leave to remain/enter

Work Permit/Tier 2

Dependant / Spouse visa

Clinical attachment visa

Tier 4 student

Visitor

Post Graduate Doctors and Dentists

Tier 5 Temporary Workers

Tier 5 Youth Mobility/ working holiday visa

Refugee

Other, please specify below:

Please supply details of any visa currently held:

Visa No:

Start Date: (DD/MM/YY):

Expiry Date: (DD/MM/YY):

Details of any Restriction:

Does your visa have a condition restricting employment or occupation in the UK?

Yes

No

Are you registered with the Nursing & Midwifery Council or Health Professionals Council?

Yes

No

Reg. No.:

Expiry:

## Employment History

Please record below the details of your full employment history beginning with your current or most recent first.

### Current position

Employer Name: \_\_\_\_\_

Employer Address:

Post Title & Main Responsibilities:

Full Time

Part Time

Salary:

Start Date:

Period of Notice required:

Reason for leaving (if applicable):

### Previous employment

Please complete in chronological order (i.e. your earliest job first)

Employer	Job Title & Main Duties	Salary	Full/Part Time	From/To (Mth/Yr)	Reason for leaving

## Previous employment continued...

Employer	Job Title & Main Duties	Salary	Full/Part Time	From/To (Mth/Yr)	Reason for leaving

## Employment Gaps

If you have any gaps within your employment history, please state the reasons for the gaps below.

## Qualifications & Education

Please give details of all nationally recognised qualifications.

Year of Qualification	Qualifications	School/College/University

## Other Training

Please give details of training you have received that you feel is relevant to this position.

Training/Course Title	Organising Body	Duration	Mth/Yr Completed

## Additional Information

Please give your reasons for making this application relating your qualifications, experience and personal attributes to the person specification. You may also wish to relate your own leisure and spare time interests. If necessary, please continue on a separate sheet and attach it to this form.

## Driving Licence

Do you hold a currently valid driving licence? Yes No

## Declaration of Criminal Records

All posts identified in the Person Specification require a Disclosure form to be completed and for you to declare all spent cautions & convictions with your application.

Do you agree to a Disclosure and Barring Service (DBS) check? Yes No

Please declare any offences, sentences or cautions, reprimands, final warnings (& dates), which are not spent under Rehabilitation of Offenders Act. You are advised to disclose any charges, which are or may be pending. (See guidance note in Equal Opportunities)

## References

Please give details of two referees, one of whom should be your present/most recent employer.  
Please note: No appointment will be made without taking up references.

### Reference 1

Current Employer	Previous Employer	Professional Person		
Name & Title:		Position:		
Employer Name:				
Address:			Tel. No.:	
			Email:	
Postcode:		May this referee be contacted without further authority from you?	Yes	No

### Reference 2

Current Employer	Previous Employer	Professional Person		
Name & Title:		Position:		
Employer Name:				
Address:			Tel. No.:	
			Email:	
Postcode:		May this referee be contacted without further authority from you?	Yes	No

## Declaration

To the best of my knowledge, the information given on this form is correct. I understand that canvassing or giving false information will disqualify my application.

Signed:

Date:

Castel Froma Neuro Care is committed to bringing about equal opportunities in its employment.