

STAFF APPLICATION FORM



ALL HALLOWS HEALTHCARE TRUST
All Hallows Hospital
Station Road, Ditchingham,
Bungay, Suffolk NR35 2QL

All Hallows Nursing Home
Adele House, 26 St John's Road
Bungay, Suffolk NR35 1DL



INVESTOR IN PEOPLE

It would be helpful if you would answer the questions on this form before we talk with you. Please be factual and brief. Please use capital letters throughout and complete in black ink.

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974. By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provision of the Act and, in the event of employment, any failure to disclose convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for a position to which the order applies.

I declare that to the best of my knowledge and belief the information I have given is true.

Signature of Applicant: _____ Date: _____

APPLICATION FOR THE POST OF:

PERSONAL DETAILS

*Delete as appropriate

Full Name: _____ *Mr/Mrs/Miss/Ms

Address: _____

_____ Postcode: _____

Tel. No. Home: _____ Mobile Phone No: _____

Dependants: _____

Nationality: _____ Do you hold a full clean driving licence? _____

Religion: _____

Next of Kin: _____

Address: _____ Tel. No. (Home): _____

_____ (Work): _____

_____ How many days sickness have you had
in the past year:

EDUCATION / QUALIFICATIONS / TRAINING Please give brief details of Education

Name of School/College/University	Dates	Examinations taken and results

Continue overleaf

Name of School/College/University	Dates	Examinations taken and results

NMC PIN No: EXPIRY DATE:

Any other qualifications:

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EMPLOYMENT HISTORY

Please give details of your previous employment including your most recent employer and include your present salary.

Name and Address of Employer	From	To	Details of Post Held and Reasons for Leaving
Please give details of any gaps in employment:			
What period of notice are you expected to give?			
Do you have any holiday booked in the next 6 months?			

NURSING AND PROFESSIONAL STAFF ONLY

Please give details of your training and qualifications obtained with dates. If you are currently taking or hold any other qualifications, please give details.

Name of Training School	From	To	Qualifications

REFERENCES

Please give the names and addresses of two people you have been employed by and whom we could approach with your permission.

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Post Code: _____	Post Code: _____

Have you ever been convicted of any criminal offence or been given a warning/reprimand/caution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Finally, please tell us something about yourself and why you have applied for this post. To be handwritten – please continue overleaf if required.

Continue overleaf if required and please sign at bottom of page.

Signature of Applicant:

Date:

For Office Use:

Proof of Identity checked:

Original Qualifications checked: