# CliniMed Group of Companies

# **Application Form**

## CONFIDENTIAL

Surname	
Forenames	

Position Applied For



## **Personal Details**

Appr of

Address			
Email Address			
Postcode	Tel No. Home	Tel No. Work	
	······		
	Birthplace/Town & Countr	у	
		••••••	
Are vo	u legally eligible for employment in the UK	?	
- / -	5, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		

#### **EDUCATION** (from age 14 years)

	School, College, University	From	То	Examinations/qualifications/grades
Please continue on another				
sheet if necessary				
			l	
Please provide details of any				
Apprenticeships, Memberships of Professional Societies etc.				

### Supplementary Questions

Nursing	
The following sho	uld be completed if you are applying for a Nursing position
NMC Pin No.	
Do you have any	convictions that should be disclosed, including those Spent under the Rehabilitation of Offenders
Act 1974 (Except	ions) Order 1975? YES NO

EMPLOYMENT DETAILS (covering at least 5 years or 3 employers, whichever is longer. Continue on another sheet if necessary)

NAME AND ADDRESS			
OF MOST RECENT			
EMPLOYER			
Type of Business			
Job Title and brief			
description of duties			
Dates Employed	From	То	Clinical Grade
Salary	Starting	Finishing	(Nursing Applications)
Details of any other benefits			
Reason for leaving			
heason for leaving			
NAME AND ADDRESS OF EMPLOYER			
OT EMPEOTER			
Type of Business			
	••••••		
Job Title and brief			
description of duties			
description of duties			
	-	-	
Dates Employed	From	То	Salary
		••••••••••••••••••••••••••••••	
			Clinical Grade
			Clinical Grade
Reason for leaving			Clinical Grade
Reason for leaving			Clinical Grade
Reason for leaving			Clinical Grade
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Reason for leaving NAME AND ADDRESS OF EMPLOYER			Clinical Grade
NAME AND ADDRESS			Clinical Grade
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NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief			Clinical Grade
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties		Το	
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief	From	То	Salary
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties		To	
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed	From	To	Salary
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties		To	Salary
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed	From	То	Salary
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed Reason for leaving	From	To	Salary
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed Reason for leaving How did you become aware of	From	To	Salary
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed Reason for leaving	From	То	Salary
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed Reason for leaving How did you become aware of this vacancy?	From	To	Salary Clinical Grade
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed Reason for leaving How did you become aware of	From		Salary Clinical Grade
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed Reason for leaving How did you become aware of this vacancy? What salary are you seeking?	Image:	When can you start or how muc	Salary Clinical Grade
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed Reason for leaving How did you become aware of this vacancy? What salary are you seeking?		When can you start or how muc notice do you have to give	Salary Clinical Grade
NAME AND ADDRESS OF EMPLOYER Type of Business Job Title and brief description of duties Dates Employed Reason for leaving How did you become aware of this vacancy? What salary are you seeking?	Image:	When can you start or how muc	Salary Clinical Grade

#### HEALTH

Applications are welcomed from disabled applicants. If you have a disability, please give details below to enable the Company to make adjustments needed to allow you to attend and interview or carry out the role, if offered.

Any Other Information (include details of any special knowledge, experience, and interests/hobbies)		
Personal Data	Information provided by and concerning applicants is held by the Company in its original, electronic and other formats and is processed for the purposes of administration and management of applications, offers, employee records and for statistical information in accordance with relevant legislation, including General Data Protection Regulation 2016/679. Applicant data will be held and processed in accordance with our Candidate Privacy Notice, which is attached. The declaration below must be signed in order for this application to be processed.	
Declaration by Applicant	I give my consent to the processing of any information about my health I have given to the Company. In making this application for employment, I acknowledge that any offer of employment I may receive is subject to the condition that the information contained herein is, to the best of my knowledge, true and accurate. Furthermore, I also understand that any offer of employment is subject to this and the receipt of satisfactory references. Any false statement may be sufficient cause for rejection or, if employed, dismissal. I confirm that I have read and accept the Candidate Privacy Notice.	
Signed	Date	
Note	No contact will be made with your present employer until an offer has been made and accepted. Your previous employers will be contacted for references. If there is a particular employer you do not wish us to contact please provide information of the employer's name below.	
Notes		
References	Please detail below two references (one of whom must be your current/last employer and the other a personal reference by a professional):	