

# CliniMed Group of Companies

## Application Form

**CONFIDENTIAL**

Surname

Forenames

Position Applied For





**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  
Salary

From   
Starting

To   
Finishing

Clinical Grade   
(Nursing Applications)

Details of any other benefits

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.....

Reason for leaving

.....  
.....

NAME AND ADDRESS  
OF EMPLOYER

.....  
.....  
.....

Type of Business

.....  
.....

Job Title and brief  
description of duties

.....  
.....  
.....

Dates Employed

From

To

Salary   
Clinical Grade

Reason for leaving

.....  
.....

NAME AND ADDRESS  
OF EMPLOYER

.....  
.....  
.....

Type of Business

.....  
.....

Job Title and brief  
description of duties

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Dates Employed

From

To

Salary   
Clinical Grade

Reason for leaving

.....  
.....

How did you become aware of  
this vacancy?

.....  
.....

What salary are you seeking?

.....

When can you start or how much  
notice do you have to give?

.....

If necessary, are you  
prepared to work

Overtime

Shifts

**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.

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**Any Other Information**

*(include details of any special knowledge, experience, and interests/hobbies)*

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**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**

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**References**

Please detail below two references (one of whom must be your current/last employer and the other a personal reference by a professional):

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