



APPLICATION FORM

Please complete this form in black ink

Post applied for:

Personal Details - this page will be detached prior to shortlisting

Surname:	Title:
First name:	Previous Surname:
Address:	Telephone Numbers
Postcode:	Home:
	Work:
	Mobile:
Do you require a work permit? Yes/ No	Email address:

References

*Please give the names of two people who are able to provide references relating to your work abilities and suitability for the post applied for. **One referee should be your current or most recent employer:***

(a)	(b)
Name:	Name:
Job Title:	Job Title:
Address:	Address:
Tel:	Tel:
Capacity in which the referee has known you:	Capacity in which the referee has known you:
May we approach this referee before interview? Yes/No	May we approach this referee before interview? Yes/No

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How did you hear about this position?

How many days have you had off sick in the last year?

If offered the position, when could you start?

Present/ Most recent employment

Job title:	Grade and salary:
Employers's Name and Address:	Dates: From: To:
Brief description of duties:	

Employment History

Please list all employment for the past 10 years listing most recent first. Please continue on a separate sheet if necessary.

Employer	Job Title	From	To

Academic and other Qualifications

Schools/Colleges attended	Course/Qualification	Grade

Supporting Information

Please state concisely the qualities and skills you believe will enable you to undertake the duties of the post for which you have applied. You should outline both your experience and your achievements, and use the person specification as a guide. The job demands a wide range of skills and needs a person who can, on any typical day, undertake a great variety of tasks and work on their own initiative. Please say how you would deal with this and back up your answer with examples.

Please continue on additional sheets as required.

DECLARATIONS

1. I am prepared to undergo a medical examination, at the expense of Park View Health Partnership, if requested.
2. I hereby declare that the information given in this form is, to the best of my knowledge correct, gives an accurate representation of my application and employment history and in particular that I have not omitted any material facts which may have a bearing on my application. I understand that any subsequent contract of employment with Park View Health Partnership will be made on the basis of the information I have provided. Furthermore, I understand that a false declaration, which results in my appointment to Park View Health Partnership, will render me liable to dismissal without notice.
3. If shortlisted for interview I am prepared to bring evidence of my right to work in this country.

Signed Date:

Data Protection Act 1998

Information given will be kept in a confidential file, used only by Park View Health Partnership staff and the interviewing panel. Park View Health Partnership is registered as a data user under the Act.

Private & Confidential

Name:.....

Post Applied for:

**PARK VIEW HEALTH PARTNERSHIP
CRIMINAL RECORDS BUREAU DISCLOSURE**

The post that you are applying for may bring you into contact with vulnerable adults and children and, as such, the Rehabilitation of Offenders Act (1974) applies. Please declare all convictions whether spent or otherwise. This information is necessary to safeguard these vulnerable groups. It will be detached from the application form prior to short-listing and kept confidentially. Please note that Park View Health Partnership will also undertake Criminal Records Bureau checks.

Have you ever been convicted of a criminal offence? Yes/No

Have you ever received a formal police caution? Yes/No

Are there any matters pending which may result in a criminal conviction? Yes/No

If you have answered “yes” to any of the above questions, please give details in the space below

Signed:.....

Dated:.....

**PARK VIEW HEALTH PARTNERSHIP
DIVERSITY MONITORING FORM
To be returned with application form**

As part of our commitment to equal opportunities practice, and in order that the implementation of our Equal Opportunities Policy can be assessed, Park View Health Partnership collects and monitors records of the gender, physical disability, age and ethnic origin of all individuals seeking employment with us. These records are kept solely for the purpose of measuring whether our equal opportunities practice is effective and, if it proves not to be, allows us to review our procedures.

This does not form part of your application. It will not be considered during the selection process.

Post applied for: _____

Are you: female male

Do you consider yourself to have a disability yes no

What age group do you fall within?

	16-19	20-24
25-29 <input type="checkbox"/>	30-34 <input type="checkbox"/>	35-39 <input type="checkbox"/>
40-45 <input type="checkbox"/>	45-49 <input type="checkbox"/>	50-54 <input type="checkbox"/>
	55-59 <input type="checkbox"/>	60+ <input type="checkbox"/>

Ethnic Group
Please indicate to which ethnic group you belong. (These categories are recommended by the Commission for Racial Equality.)

White

British
Irish
Other white background _____

Pakistani
Bangladeshi
Other Asian Background _____

Mixed

White and Black Caribbean
White and Black African
White and Asian
Other mixed background _____

Black or Black British

Caribbean
African
Other Black background _____

Asian or Asian British

Indian

Chinese or other ethnic group

Chinese
Other ethnic group _____