JOB APPLICATION FORM

POSITION APPLIED FOR:	AVAILABILITY: Permanent	Part time	AD-HOC		
A. PERSONAL DETAILS Title	Marital Status				
	Wantai Status				
Surname or family name					
First name	Middle name				
Address					
	Postcode				
Daytime phone number	Mobile number				
E-mail add <mark>ress</mark>					
Do you hold a current full UK driving licence	e? YES NO Expiry Dat	te:			
bo you floid a current full or driving license	er res Lapity Dat	.e.			
Groups:	Details of any endorsements:				
			\		
B. PROFESSIONAL DETAILS					
NMC pin number					
NMC expiry date	/ / NMC Part(s) of regis	ter			
C. ELIGIBILITY TO WORK IN UK:		imite(
Agency Cover 24/7 Ltd does not employ any worker requiring a work permit or with limited leave to remain.					
Eligibility to work in UK (please tick which or	ne <mark>applies)</mark>	rerec			
I am eligible to work in the UK, not requiring	ne applies) a work permit				
I'm already in posses <mark>sion of a UK work pe</mark>					
If other, please specify					
National Insurance Number:					
Shared Code:	Nationality:		 		
D. PROFESSIONAL CONDUCT					
Have there been any proceedings of med	lical negligence or professional miscon	duct against you	u and have you		
ever been suspended or dismissed?	YES NO -	7	-		

E. REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 applies. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Have you at any time been convicted of an offence?	YES	NO	
If "YES" please provide in full the following details.			
Date of Conviction/ Charge:			
What is/ was the Conviction/ Charge:		\	
Outcome Conviction/ Charge:			
Please provide relevant details of the nature of the Convict	tion/ Charge:		
Date of Conviction/ Charge:		_//	
What is/ was the Conviction/ Charge:		7/	<u> </u>
Outcome Convi <mark>ction/ Charge:</mark>			
Please provide relevant details of the nature of the Convict	tion/ Charge:		\ <u></u>
Are you currently <mark>subject to any pending prosecution</mark>	s or current	investigations v	
anywhere in the wo <mark>rld? YES YES</mark>	NO	cover	Ea .
If YES, please provide full details.			
If it is found that you have omitted to disclose information re offer of employment/ engagement may be withdrawn immed be subject to a discussion on the contents of the Disclosure may be terminated immediately without notice or compensa	liately at the c e. If employm	ompany's absolute ent/ engagement l	e discretion or may
Signed		Date	

ease	sup <mark>ply d</mark>	HISTORY letails of you	ur full history s y, starting with	starting from secondary sc	hool to date.	(Please comple	ete in full us
ROM	то	EMPLOYE	//	SUBSTANTIVE OR	. \\	REASON FOR	LEAVING
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SAPS							
		etails of any o	gaps in employn	nent since leaving secondary so	chool to date.		

G. ACADEMIC QUALIFICTIONS

Please supply details of yo	ur full history of ac	cademic qua	lifications obtain	ned starting	from the m	ost recent to
the oldest one secondary	y school to date. (Please comp	olete in full using	g a separate	sheet if nec	essary)

FROM	то	WHERE	QUALIFICATION OBTAINED
Please sup	ply details	s of your full his	include training completed within last year) story of academic qualifications obtained starting from the most recent to date. (Please complete in full using a separate sheet if necessary)
DATE	W	HERE	TRAINING OBTAINED
			and the limited
K. OTHER E	MPLOYME	entagem	ich Coner 501 Conered i
Please note position	e any othe	er employment y	you would continue with if you were to be successful in obtaining this
L. YOUR RE	FERENCE	EDETAILS	
your preser person for a the last Thi	nt or most a period of ree (3) yea	recent employer f more than three ars. If you have le	addresses of at least 2 clinical professional referees. One must be from er and must be a senior grade to yourself. You must have worked for that e months duration. All references must relate to employment & cover left a job with children or vulnerable adults, legally a reason must be given a sheet if required.
May we co	ntact your	referees prior	to an interview? YES NO

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Name	Position & Band
Address	
	Postcode
Email address	Telephone number
In what capacity has this person known you?	
Start Date (mm/yy)	End Date (mm/yy) To Date
Reference 2 Name	Position & Band
Address	Postcode
Email addre <mark>ss</mark>	Telephone number
In what capac <mark>ity has this person known you?</mark>	
Start Date (mm/yy)	End Date (mm/yy) To Date
M. YOUR DECLARATIONS TERMS & CONDITIONS	
☐ I confirm that the information given in this a	oplication is, to the best of my knowledge, true.
	t to the receipt of at least two satisfactory references and
enhanced disclosu <mark>re fro</mark> m the Criminal Rec <mark>ord</mark> s	Bureau. I undertake to inform Agency Cover24/7 Ltd
should I be convicted <mark>of an offence in the future.</mark>	
□ I undertake to in <mark>form Agency Cover24/7 L</mark>	d imme <mark>diate</mark> ly if lam enga <mark>ged through their introduction</mark> ,
including the offe <mark>r of permanent employment.</mark>	ent following a temporary assignment.
☐ I agree to respect the confidentiality of pation	ents and any other information I may have access to, at all times.
☐ I am clear that Agency Cover24/7 Ltd cannot pay for hours not worked no matter the situation.	ot guarantee assignments and that they have no responsibility to
☐ I have read, understood, and agree to the	conditions of work for Candidates, of which I have been given a
copy.	3
_	Agency Cover24/7 Ltd and any group company, working in the
Signed	Date
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