

Position applied for:	
------------------------------	--

Personal details

Title (<i>Mr / Mrs / Miss... etc</i>)		Surname	
Forenames			
Home Address (<i>with postcode</i>)			
Are you over 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What date can you start work?
Telephone: Private/home		Mobile/business	
Email address:			
Confirm email address:			
I am prepared to work (<i>please tick one or more</i>):	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Shift work <input type="checkbox"/>
National Insurance Number (<i>must be filled in</i>)			
Do you need a Work Permit to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you own a car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a current driving licence?	Provisional <input type="checkbox"/>	Full <input type="checkbox"/>	None <input type="checkbox"/>
Have you any current endorsements (<i>if "yes" then please give details</i>)			
Where did you hear about this job? (<i>Dorset Echo, website etc</i>)			

If you are applying for a NURSE position please provide the following information: *If not please enter "N/A" as your response to the both the questions in the box below*

When were you first registered with the Nursing and Midwifery Council (NMC)?	
What is your PIN number?	

If you are applying to become a **CARE WORKER, NURSE** or **MAINTENANCE OPERATIVE** we may ask you this health related question because it is directly related to the job for which you are applying.

Do you suffer from any mobility problems, which may prevent you from carrying out moving and handling techniques required as an essential part of your job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
---	------------------------------	-----------------------------	------------------------------

Interview Arrangements

Are there adjustments we might reasonably make to either arrangements made for application and interview, or the physical features of the premises that would reduce any disadvantage to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
---	------------------------------	-----------------------------	--

Declaration:

I consent to my doctor being contacted for information relevant to this application and I will undergo a medical examination if required.		Yes. <input type="checkbox"/>	No <input type="checkbox"/>	
Doctor's name:				
Practice address <i>(including postcode)</i>				
Telephone:				

Previous Employment: *Please provide a **FULL** history of your occupations since leaving school working back from your most recent. You **MUST** include information relating to all gaps in employment together with the reason for such gaps. Continue on a separate sheet if necessary using the same format*

Employer	Position	Dates <i>MONTH and YEAR</i>	Reason for leaving
Interests/hobbies:			

Educational / Vocational Qualifications *(Please list your qualifications)*

Educational:	Professional/Vocational
--------------	-------------------------

Criminal Record Permission *The declaration of convictions for this post (is/is not) subject to the rehabilitation of Offenders Act. You must declare all convictions (including spent convictions)*

Have you ever been convicted of any form of criminal offence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If the answer is YES, please make sure you give full details here:</i>		
PLEASE NOTE: Convictions will not necessarily preclude you from employment. However, should you fail to declare on this form or at any subsequent interview any conviction(s) disclosed by DBS this may result in instant dismissal.		

Personal referees (Not your family. One must be your present /previous employer)

Name	
Address	
Occupation	
Relationship to Applicant	
Telephone	

Name	
Address	
Occupation	
Relationship to Applicant	
Telephone	

Personal Qualities and Suitability

Please use this space to tell us more about any skills, qualifications and experience you may have which you feel would make a positive contribution to the role for which you have applied.

Declaration

The information given above is true to the best of my knowledge and belief. To the best of my knowledge and belief there are no reasons that would prevent me from undertaking the duties of the post applied for. I understand that any misstatements will invalidate my application and may lead to dismissal if I am employed.

Signed by the applicant:

Date: