

Application Form

The International Spinal Injuries & Rehabilitation Centre

The Marguerite Centre

1. Post Applied for:

Day / Night / Part time / Full time / Bank*

2. Personal Details:

Title: Mr./Mrs./Ms./ etc.	Forename:
Surname:	National Insurance number:
Address:	
Postcode:	
Email:	
Telephone number:	
Please confirm that you have permission to work in the UK:	

3. Current / last employment:

Please state the reason for leaving your last employment:
Period of notice required:

4. Qualified nursing staff only:

Qualification:	Year of qualification:
PIN number:	Date of expiry:
Place of training:	

* Please delete as applicable



5. Criminal Convictions Declaration

Because of the nature of the work for which you are applying, you must inform us of any criminal conviction you may have or if you have been the subject of any conditional discharges, bind-overs, or cautions. These should include details of any convictions which are spent within the meaning of Section 1 of the Rehabilitation of Offenders Act 1974(b) which may be disclosed by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (c).

Have you ever been convicted of a criminal offence?

Yes / No*

If yes, please give details on a separate sheet. If No, please complete the following:

I declare that I do not possess, nor have ever possessed a criminal conviction or been the subject of any conditional discharges, bind-overs, or cautions.	
Signed:	Date:

6. Education and training

Date from	Date to	Name of Establishment	Subject taken	Level attained

Please give details of any other specialised training NVQs, apprenticeships, skills, and courses attended:

7 Special Circumstances

If you have a disability please tell us about any adjustments we may need to make to assist you at interview:

* Please delete as applicable.

8. Health ^(1 If yes please give details. 2 If no, please give details on a separate sheet)

Have you suffered from any major illness or ever been refused or dismissed from employment for health reasons? ¹

Yes / No*

Have you / do you suffer from back problems?¹

Yes / No*

Do you regard yourself as generally fit and healthy? ²

Yes / No*

* Please delete as applicable.

Please complete the following:

I declare that I am physically and mentally fit for the work for which I apply.	
Signed:	Date:

9. Employment Details

Please give details of previous employment. Please list your most recent employment first. (Continue on a separate sheet if necessary.)

Dates	Hours per week	Name & Address of Employer	Post held	Salary	Reason for leaving

10. References

Please give the names and addresses of two people from whom references may be obtained. One should be your present or last employer and, where possible both should be from previous employment. **No approach will be made to your present employer before an offer of employment is made to you.**

Name:	Mr./Mrs./Ms./ etc		Position:
Address:			
			Postcode:
Telephone:			Email:

Name:	Mr./Mrs./Ms./ etc		Position:
Address:			
			Postcode:
Telephone:			Email:



11. Additional Information

Please provide below additional information in support of your application, including further details of experience and training and any other information you feel would be of interest to a selection panel. Please also explain why you consider yourself a suitable applicant for this position. (Continue on a separate sheet if necessary)

12. How did you hear of this post?

--

13. Probationary Period

Employment at the Royal Buckinghamshire Hospital is subject to a probationary period of three months for all employees.

14. Declaration and Signature

I certify that the information that I have given on this form is correct and that I have not knowingly withheld any information which is relevant to this application.

Signed:	Date
Print Name:	

Please return this completed form to the address shown on page one

Office use only

Applicant appointed: Yes / No*

Post:		Day/Night/Pat time/Full time/ Bank*
Interviewer:		Interview date:
Salary details:		Contracted hours:
Grading:		Start date:

Written references received:	1	2	Confirmation letter sent:	
Verbal reference checked:			CRB form sent:	
CV checked:			Contract issued:	
Qualifications checked:			Induction pack issued:	
ID checked:			Mentor allocated:	
P45 requested:			Uniform issued / size:	
Bank details requested:			Manager's initials & date:	

* Please delete as applicable.

Application form: PT 10.2006

