

Please complete this form by hand in black ink and *complete all sections*

Position Applied for	
Your Surname and Initials	
Type of environment you wish to work in	Hospital Care / Social Care / Either
Name of Hospital / Home you wish to work in	

**Data Protection Statement**

Any person on whom we keep personal data is entitled to see that information whether it is held manually or on computer. They may also have information changed or removed. We will not disclose data or information except for the purpose that it was originally intended for and, only then, in accordance with best Data Protection practices.

Any information we keep will be relevant to the care we provide and issues arising to the proper provision of that care including updating information. Furthermore, information will be kept locked away and/or password protected, accessible only to authorised persons. Only appropriately authorised persons with a legitimate access to information based upon the purpose for which it was intended may access such information. Information will be held in such a way so that it is secure enough to prevent anyone without legitimate access being able to access the information.

All information collected on this form is to be used only for the purposes of recruitment, personnel administration and monitoring. Unless specifically directed by the applicant, the Application Form of unsuccessful applicants will be retained for a maximum of 6 months. Medical Support Union aims to protect, and keep secure, all personal data collected. Personal data is processed for the purposes of recruitment; in addition, for successful applicants, personal data will also be processed for the satisfactory administration of their employment.

**Equality of Opportunity Statement**

The Medical Support Union Equal Opportunities Policy covers all applicants and employees and adopts the notion that individuals are treated equally, regardless of age, gender, ethnicity, nationality, marital status, sexual orientation, religion or disability.

### Contact Details

Surname		Title	Mr/Mrs/Miss/Ms/Other.....	
Forename		Known as		
Date of Birth		NI No		
Nationality				
Full Address including Post Code				
Telephone	Home	Mobile	Work	
e mail				
May we contact you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate			

### Formal Education and Qualifications

Name and location of School/College/University	Dates of attendance		Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc	Grade
	From	To		
	Month/Year	Month/Year		

## Other Qualifications and Training Courses Attended

Name and location of School/College/University	Dates of attendance		Details of Qualification(s) gained or Training Attended	Grade
	From	To		
	Month/Year	Month/Year		

## Employment History (Attach extra sheets if necessary)

Name of Employer and location	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving / Last salary or wage
	From	To		
	Month/Year	Month/Year		

## Driver's Licence

Do you hold a valid and current British Driver's Licence?

Licence Number

Yes  No  Please  as appropriate

If Yes, what type? (e.g. Provisional, Full, LGV, PCV) (Manual + Automatic / Automatic only)

Do you have any endorsements?

Yes  No  Please  as appropriate

If Yes, please give details

## Membership/Registration with Professional Bodies (If applicable)

Are you registered with a professional Body?

Yes  No  Please  as appropriate

If Yes, please give details.

Name of Body:

Level/type of membership:

Registration (PIN) Number:

Expiry Date:

### NMC

Have you ever been involved in any disciplinary or dismissal proceedings with an employer?

Yes  No

Are you currently under investigation by the NMC? Yes  No

Have you ever been investigated in the past?

Yes  No

If Yes to any of these, please give brief details.

## Relationships with Current Employees

I have no/the following relationship(s) with current employees of Medical Support Union:

## Referees

References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

Name, Address and Post Code		Name, Address and Post Code	
Relationship to you		Relationship to you	
May we contact the above person now?		May we contact the above person now?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate		Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate	

## Expectations

Please answer all of the following questions:

What are your salary expectations?

If selected, what do you think that you will bring to Medical Support Union?

What are your expectations of the Service?

## Additional Information

Please provide any further information which you consider may be useful in support of your application. You may include skills or achievements which may be of interest or a summary of the qualities that you possess and think that we require.

Do you have to give notice to any present Employer?

Yes  No  Please  as appropriate

If Yes, how much notice do you have to give?

Continue on a separate page if necessary.

## Criminal Records – Disclosure Certificate

Before we employ anyone, whether paid or unpaid, we undertake a police check to ensure they are safe to work with vulnerable persons in our care.

We either undertake these checks directly as a registered body with the Criminal Records Bureau (CRB) or via an umbrella body who handle the presentation of the applications to the Criminal Records Bureau for us.

The Criminal Records Bureau (CRB) has issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. An Enhanced Disclosure Certificate will be requested from the CRB which will detail all convictions, including those which would otherwise be “spent”, as well as details of cautions, reprimands or final warnings. You will be required to give your approval for this process on the CRB application form. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

## Rehabilitation of Offenders Act

If a person who enters our employ does not make any unspent convictions known in their application, where asked for such information, and/or they are not identified for some reason in the police check, we may have grounds for dismissal. After a period of time, some criminal convictions become “spent” which means they are in the past and can, effectively, be forgotten about.

Any custodial sentence of more than two years and six months can never be “spent”.

Cautions, reprimands and final warnings are not criminal convictions and, therefore, have no relevance to this application, which is interested in convictions for the purpose of protecting the well-being of those we have a duty of care towards. As a general rule, no-one need answer questions about spent convictions. However, we consider that we are exempt from the provisions of the Rehabilitation of Offenders Act and, therefore, require a declaration of any previous convictions from any person seeking employment with us. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work at the Home, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as “spent”. *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures.

I have no convictions  I have convictions (see Note below)

(Please ✓ as appropriate)

### Note

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attach this to your completed Application Form)



## Availability for Interview

I am **unavailable** for interview at the following times/on the following dates

## Personal Declaration

**I declare that to the best of my knowledge that all information provided on this application form, and that submitted in any accompanying documents, is correct, and**

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes.
- I understand that any false or misleading information could result in my dismissal.
- I have/have not completed this form myself  
(please provide details if you have been unable to complete this form yourself)

Signed \_\_\_\_\_ Date \_\_\_\_\_

COMPLETED APPLICATION FORMS ARE TO BE RETURNED TO:



Full Name
Date of Birth
Sex
Height
Weight
Name of GP
Address of GP
Tel No. of GP
Date of last Medical Examination
Date of last Dental Examination

**Have you ever had, or do you currently have any problems with the following:**

- |  |        |
|--|--------|
| 1. Anxiety/Nervous or Mental Health Issues               | YES/NO |
| 2. Excessive weight loss/gain                            | YES/NO |
| 3. Migraine/Severe Headaches/Neck Pain                   | YES/NO |
| 4. Asthma/Hay Fever/Allergies                            | YES/NO |
| 5. Chest Infections/Conditions                           | YES/NO |
| 6. Heart/Circulation/Blood Pressure/Varicose Veins       | YES/NO |
| 7. Bladder/Kidney problems                               | YES/NO |
| 8. Back problems including strain, causing time off work | YES/NO |
| 9. Fainting/Epilepsy/Blackouts                           | YES/NO |
| 10. Thyroid/Diabetes/Other Glandular illness             | YES/NO |
| 11. Skin disorders (including allergies)                 | YES/NO |
| 12. Ear or Eye disorders                                 | YES/NO |
| 13. Jaundice/Blood disorders (including HIV)             | YES/NO |
| 14. Rheumatism/Arthritis                                 | YES/NO |

Have you ever had any of the following diseases:

- |                         |        |
|-------------------------|--------|
| 15. Chicken Pox         | YES/NO |
| 16. Measles             | YES/NO |
| 17. Hepatitis A, B or C | YES/NO |
| 18. Typhoid             | YES/NO |
| 19. Tuberculosis        | YES/NO |
| 20. Food Poisoning      | YES/NO |

If YES to any of the above, please give details:

.....

21.	Have you ever left employment due to health reasons? If YES, please give details:	YES/NO
22.	Have you ever been refused life insurance or employment health reasons? If YES, please give details:	YES/NO for
23.	Are you currently taking any medication? If YES, please give details:	YES/NO
24.	Have you attended hospital (as either an in-patient or out-patient) during the last 5 years? If YES, please give details:	YES/NO
25.	Are you currently receiving any medical treatment? If YES, please give details:	YES/NO
26.	Please give details of immunisation or vaccination for:	
	Tuberculosis (BCG)	Date.....
	Rubella (German Measles)	Date.....
	Poliomyelitis	Date.....
	Tetanus	Date.....
	Hepatitis B	Dates of primary course: 1.      2.      3.
	Varicella	Date.....
27.	Have you lived outside the UK for any period longer than 6 months in the last 5 years? If YES, please give details:	YES/NO
28.	Do you smoke? If YES, how many per day?.....	YES/NO
	Do you drink alcohol? If YES, how many units per week?.....	YES/NO
29.	How much time have you lost from work due to illness in the last two years? Please give details:	

### Declaration

- I declare that all of the information that I have provided is correct to the best of my knowledge.
- I understand that if further information is required from my GP/Occ Health, I will be asked to give my consent in writing.
- I understand that the inclusion of false information or the omission of information may lead to my dismissal.

Signed..... Date.....

## EQUAL OPPORTUNITIES MONITORING

Medical Support Union will take measures to ensure that its Equal Opportunities Policy is observed, and will ensure that all those involved in the staffing selection process are aware of the obligations and duties in line with relevant employment legislation (including Equal Opportunities, Discrimination and Data protection). To enable us to satisfy these obligations and duties and to monitor the effectiveness of this policy, certain personal sensitive data will be collected from Job Applicants. This information will not contribute to the selection process for employment of staff, but some sensitive personal data (regarding criminal convictions and physical/mental health) may be used in order to verify the safety of proceeding with either an application or a job offer.

The following information is requested in order to allow the Company to monitor the effectiveness of its Equal Opportunities Policy. You are requested to complete this form, and sign it. This will indicate your explicit consent to the collection and processing of such data in accordance with the principles of the Data Protection Act.

Please ✓ as appropriate. Thank you for your co-operation

Ethnic Origin			
Black African		Pakistani	
Black Caribbean		Chinese	
Black Other		Irish	
Bangladeshi		White	
Indian		Other (Please state)	
Disability			
Do you consider yourself to have a disability (i.e. a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities)?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what equipment, adaptations or adjustments to working conditions would assist you in carrying out your duties?			
Gender			
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Marital Status			
Married		Single	
How did you hear about the vacancy, or about the Company			
Internal Advert		Agency	
External Advert		Job Centre	
Word of Mouth		Other (please specify)	
Age -      Years (Please insert)			
Print Name/Position applied for			
Signature		Date	