A logo for a healthcare services

Description automatically generated

Applications can be made on-line at [ihealthcareservices.net](http://www.ihealthcareservices.net)

|  |  |
| --- | --- |
| Job role: | Place of work: |

**Name:**

|  |  |
| --- | --- |
| Title: | Forename(s) |
| Surname: |

**Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Address: | Home Tel: | | Work Tel: |
| Postcode: |  | Email: |  |
| National Insurance No: |  | Mob Tel: |  |

**Person to contact in emergency.**

|  |  |
| --- | --- |
| Name of next kin: | Relationship |
| Home Tel: | Mob: |

**Current / Last Employment:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of employer: | Job Title: | Dates from/to | Reason for leaving: |
|  |  |  |  |
| Salary: Notice period: | |  |

**Previous Employment:**

(Must cover a 5 + year employment history including periods away from work)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & address of employer | Job Title: |  | Dates from/to  M/yyyy | Reason for leaving |
|  |  |  |  |  |

**Educational Qualifications:**

|  |  |
| --- | --- |
| Secondary School / College / University | Qualification and date obtained: |
|  |  |

**Professional / Vocational / Qualifications/Membership of Training Bodies:**

|  |  |  |
| --- | --- | --- |
| Qualification: | Dates: | Membership of Professional Bodies: |
|  |  |  |

**Other relevant training course complete:**

|  |  |  |
| --- | --- | --- |
| Organisation body and title: | Date: | Membership of Professional bodies |
|  |  |  |

**Referees:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please provide the names addresses of two referees. One referee should be your current or most recent employer or if you are a school or college leaver, a form teacher or tutor. Please note: References will be taken up shortlisted candidates unless otherwise indicated. Do not include friends or relatives. If self-employed, please provide one trade and one accountants’ reference. We may seek alternative references than those provided. | | | | | |
| Name and Address | | | Name and Address | | |
| Tel: | **Email:** | | Tel: | Email: | |
| Can we contact prior to interview | | YES NO | Can we contact prior to interview | | YES NO |
| Relationship: | | | Relationship: | | |

**Additional Information:**

|  |
| --- |
| Do you hold a valid Driving licence?    Yes No    Type; Provisional Full Other ..............................................................................................................................................    Have you had any endorsements on your licence in the last 10 years?    Yes No If yes please specify. ..................................................................................................................................................    ...................................................................................................................................................................................................................    Do you have the right to work in the U.K.?  Yes No |

**Support your application:**

|  |
| --- |
| Your application form plays an essential part in choosing the right person for a job. Please use the space below for personal statement and any information that support your application. |
|  |

Please use a continuation sheet if necessary

**Statement:**

|  |
| --- |
| The majority of our positions are exempt from the provisions of the Rehabilitation of Offenders Act  1974 that allow convictions to be regarded as ‘spent’. For these positions we will need to carry out    police checks.    Consequently, all applicants must state whether they have any convictions, cautions or bind-overs. Any information given will be treated in complete confidence.  Any failure to declare any convictions, cautions or bind-overs which subsequently come to light will lead to the withdrawal of any offer of employment, or to disciplinary action which may lead to disciplinary action which may lead to dismissal.  I have read the statement about the Immediate Healthcare services policy on convictions etc, and please tick. whichever statement applies.  I have nothing to declare.      I have information to declare and have attached a sealed envelope containing details. Please state in this space:    If your application is unsuccessful, we will keep your details on file for six months. |

**Declaration:**

|  |  |
| --- | --- |
| I confirm that the information given in respect of this application is correct to the best of my knowledge and belief. I understand that false or misleading statements or omissions could place any subsequent employment in jeopardy. | |
| Signed: | Date: |

**Please return to:**

|  |
| --- |
| Post your form to:  464 Dereham Road  Norwich  NR5 8QD  E. [info@ihealthcareservices.net](mailto:info@ihealthcareservices.net) |