

CONFIDENTIAL

FORM AP2

Return this form to:

The Administrator
Rainbow Family Trust
390 Parrswood Road
Manchester
M20 5NA

APPLICATION FOR EMPLOYMENT

POST APPLIED FOR: NURSE ON THE CARE TEAM

CLOSING DATE: Non specified

PERSONAL

SALARY: £21,353 - £30,526 pa

Surname	Forename(s)	Date of Birth
Address Postcode		Daytime telephone number Evening telephone number
How do you wish to be addressed: MR/MRS/MISS/MS/ Other		National Insurance Number
Do you need a work permit to work in the UK? YES/NO		Have you a current driving licence? YES/NO If YES give details including any endorsements, eg. CAR, HGV, PSV

If you have up-to-date details of your immunisation status i.e. Hep B, Measles etc please attach a copy with this form. Remember to complete and sign the attached Access to Medical information and Release of Information forms.

EDUCATION

Schools Attended	Dates From/To	Qualifications attained (including grades)
Colleges/Universities attended	Dates From/To	Subjects taken and qualifications attained

Registered Qualifications (Please List)

Date of Qualifying PIN No Expiry

Other Training/Membership of Professional Bodies/Apprenticeships/Special courses etc. Include dates where appropriate

LEISURE

Please note here your leisure interests, sports, hobbies and other pastimes etc. including positions of responsibility held.

ATTENDANCE AND RELIABILITY

Please give details of your lateness and sickness absence over the last 12 months.

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date, the strengths you would bring to this post and any other information relevant to your application.

Please continue on a separate sheet if necessary

EMPLOYMENT HISTORY – over past ten years (current or most recent employer first)

Please include temporary posts and work experience.

FROM – TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	FINAL PENSIONABLE SALARY / REASON FOR LEAVING <small>You will be expected to bring proof of salary to interview</small>

Notice required in current post:

REFERENCES

Please note here the names, addresses and telephone numbers of two persons from whom we may obtain both character and work experience references, one of whom should be your current Employer. It is our policy to send for References before interview.

If you do not wish us to contact your employer until after Interview, please tick box..

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THE REHABILITATION OF OFFENDERS ACT 1972 (EXCEPTIONS ORDER 1975)

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act do not apply to any employment which is concerned with the provision of health services and which is of such a kind to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following questions should include any "spent" convictions.

Have you ever been convicted of a criminal offence? YES/NO

If YES, give details:

DECLARATION (Please read carefully before signing and dating this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss without notice.

Signed..... Dated.....

FOR OFFICE USE ONLY

Date Received.....

Reason for rejection

1 Exper	4 Know	7 Skills	1 st Interview date
2 Qual	5 Circs	8 Phys	
3 Trng	6 Disp	9 Other	2 nd Interview date

Notes on Interviews/Short Listing Comments:

Offer letter	YES/NO	References	YES/NO
Acceptance	YES/NO	Medical	YES/NO
Rejection Letter	YES/NO	Acceptance letter received	YES/NO
Qualifications checked	YES/NO	Start Date	YES/NO

Pass to Admin Dead file/New file

ACCESS TO MEDICAL REPORTS ACT 1988

This Act came into force on 1st January 1989 and gives employees the right of access to any medical report relating to them supplied by a medical practitioner.

You should accordingly be aware that the Act:

- Requires employers to notify an individual when they intend to apply for a medical report and to gain the employee's consent for the request:
- Gives the employee right of access to the report before the employer sees it:
- Requires the employers, when requesting the report, to notify the medical practitioner whether or not the employee wishes to exercise his or her right of access:
- Requires the employee to make his or her own arrangements with the medical practitioner to see the report, within 21 days of the application having been made:
- Gives the employee the right to ask the medical practitioner to amend the report, or to attach a statement to it:
- Gives the employee the right, after seeing the report, to veto its submission to the employer.

Please retain these notes for your information.

Employees name

Doctors name

Address

Address

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I HEREBY GIVE MY PERMISSION FOR YOU TO APPROACH MY GENERAL PRACTITIONER FOR A MEDICAL OPINION. I DO/DO NOT WISH TO EXERCISE MY RIGHT UNDER THE ACCESS TO MEDICAL REPORTS ACT (1988) TO SEE A COPY OF THIS REPORT.

Signed Dated

To: Occupational Health Dept

Dear Sir/Madam

Re: Francis House Children's Hospice

I hereby give permission for information on my immunisation status including Hepatitis B and Measles to be released to the Head of Care at Francis House Children's Hospice, 390 Parrswood Road, Manchester M20 5NA.

Name:

Address:

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Town

Postcode

Name (Printed)

Signature

Date: