

Please fill in the application form, which is split into two parts; Part A and Part B. Please fill in both parts of the form and check it carefully before returning it to the address at the top of this page. Please note that questions marked with an asterisk * are mandatory and therefore must be answered

For Office Use Only

APPLICATION FOR EMPLOYMENT WITH MEDEVENT LTD

APPLICATION FOR EMPLOYMENT – PART A

| | |
|------------------------|--|
| Job Reference Number † | |
| Job Title † | |
| Department † | |

† If known

Personal Details

| | | | |
|---|--|-----------------------------|--|
| * Surname/Family Name | | | |
| * First Names | | | |
| Name in which you are registered with a professional body (if applicable) | | | |
| Title | | * Date of Birth | |
| UK National Insurance No | | * Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this |
| Address | | | |
| * Postcode | | * Country | |
| Home Telephone | | Mobile Telephone | |
| Work Telephone | | May we contact you at work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email Address | | | |
| Are you an NHS professional returning to practice? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

EQUAL OPPORTUNITIES MONITORING

Equality Act 2010

Medevent Ltd is committed to providing equality of opportunity for the services for which it is responsible. To monitor our effectiveness, we collect details about an applicant's ethnicity. This information is collected to fulfil that obligation and is used for monitoring purposes only.

| * I would describe my ethnic origin as follows: | | |
|---|--|---|
| Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background | Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background | Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose my ethnic origin |

Employment Equality Regulations

We are also monitoring religion/belief in applications.

| * Please indicate your religion or belief | | |
|---|--|---|
| <input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism | <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism | <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose my religion/belief |

Disability Discrimination Act 1995

Under the terms of the Act a disability is defined as a 'physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities'. Medevent Ltd welcomes applications from disabled people, however there are some disabilities which will prevent applicants from driving Medevent Ltd vehicles.

| | | |
|---|---|---|
| * Do you consider yourself to have a disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> I do not wish to disclose this information |
| If yes, do you need special arrangements to enable you to attend for interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, please give details below |
| | | |

Rehabilitation of Offenders Act

In order to protect certain vulnerable groups within society, there are a number of posts and professions that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. **These include posts where, in the normal course of their duties, successful applicants will have access to persons in receipt of health services.** If the post you have applied for falls within the above category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act (Exceptions Order) 1975.

Applicants are therefore not entitled to withhold any information about convictions which for other purposes are 'Spent' under the provisions of the Act and in the event of employment; any failure to disclose such convictions could result in dismissal or disciplinary action by the employing organisation. Any information given will be confidential and will be considered only in relation to posts to which the order applies.

| | |
|--|--|
| * Have you at any time received, or had pending, a court conviction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please give details | |
| | |

DBS Declaration

If you are applying for a post involving access to persons in receipt of health services, your offer of employment may be subject to a satisfactory disclosure from the Disclosure & Barring Service. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

As an organisation using the Disclosure & Barring Service (DBS) to assess an applicant's suitability for positions of trust, Medevent Ltd complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.

| | |
|---|--------------------------|
| * Please tick this box to declare that you understand that any offer of employment will be subject to a satisfactory DBS check. | <input type="checkbox"/> |
|---|--------------------------|

Relationships

| |
|---|
| If you are related to a director, or have a relationship with a director or employee of an appointing organisation, please state the relationship |
| |

DECLARATION

The information in this form (Parts A & B) is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

| | | | |
|----------------------------------|--|------|--|
| I agree to the above declaration | | | |
| Signature | | | |
| Name | | Date | |

| | |
|--|--|
| Where did you see this vacancy advertised? | |
| <input type="checkbox"/> Medevent Ltd Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Local Newspaper <input type="checkbox"/> Jobcentre Plus | <input type="checkbox"/> Radio <input type="checkbox"/> Search Engine <input type="checkbox"/> Other Website <input type="checkbox"/> At a Medevent Ltd event |

APPLICATION FOR EMPLOYMENT – PART B

Details entered in this part of the form will be held in the HR department and will be made available to the short-listing panel.

| | |
|------------------------|--|
| Job Reference Number † | |
| Job Title † | |
| Department † | |

† If known

Education & Professional Qualifications

| Include in this section all the relevant qualifications. Please also indicate subjects currently being studied. | | | |
|---|----------------|--------------|------|
| Subject/Qualification | Place of Study | Grade/result | Year |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Training Courses Attended

| Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking. Include any IHCD Technician, IHCD/ROSPA emergency driving, AED, Medical Gases, FPOS, First Aid etc. certificates. | | | |
|--|-------------------|----------|----------------|
| Course Title | Training Provider | Duration | Date Completed |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships.

| | |
|--|---|
| * Please indicate your Professional Registration status: | |
| <input type="checkbox"/> Not Required for this post <input type="checkbox"/> I have current UK registration | <input type="checkbox"/> UK registration applied for <input type="checkbox"/> UK registration not yet applied for <input type="checkbox"/> I am a student |

If professional registration is not required then go to Employment History.

| If you are registered then please enter the relevant details below: | | | |
|---|---------------------------------|-----------------------------|---------------------|
| Professional Body | Membership or Registration type | Membership/Registration PIN | Expiry/Renewal Date |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If you are applying for a post that requires professional registration you are required to provide the following information:

| | |
|---|---|
| Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employment History

Please record below the details of your current or most recent employer

| | | | |
|---|--|---------------|--|
| Employer Name | | | |
| Address | | | |
| Type of Business | | Telephone | |
| Job Title | | | |
| Start Date | | End Date | |
| Grade | | Salary | |
| Reporting to (job title) | | Notice Period | |
| Reason for leaving (if applicable) | | | |
| | | | |
| Description of your duties and responsibilities | | | |
| | | | |

Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the 'Supporting Information' section below. Please add additional employers/information on a separate sheet.

Previous Employer 1

| | | | |
|---|--|---------|--|
| Employer Name | | | |
| Address | | | |
| Job Title | | Grade | |
| From Date | | To Date | |
| Reason for Leaving | | | |
| | | | |
| Description of your duties and responsibilities | | | |
| | | | |

Previous Employer 2

| | | | |
|---|--|---------|--|
| Employer Name | | | |
| Address | | | |
| Job Title | | Grade | |
| From Date | | To Date | |
| Reason for Leaving | | | |
| | | | |
| Description of your duties and responsibilities | | | |
| | | | |

Additional Personal Information

| | | | |
|--|---|-----------------------------|--|
| Preferred Employment Type | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Flexible Hours <input type="checkbox"/> Sub-contractor | | |
| Do you have a valid driving licence for the UK? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| IHCD / ROSPA Emergency driving | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Please specify the vehicle category for which you hold a licence | <input type="checkbox"/> Motorbike (A) <input type="checkbox"/> Car (B) <input type="checkbox"/> Car with Trailer (B + E) <input type="checkbox"/> Medium Sized Vehicle (C1) <input type="checkbox"/> Medium Sized Vehicle with Trailer (C1 + E) <input type="checkbox"/> Minibus (D1) <input type="checkbox"/> Minibus with Trailer (C1 + E) <input type="checkbox"/> Large Goods Vehicle (C) <input type="checkbox"/> Large Goods Vehicle with Trailer (C + E) <input type="checkbox"/> Passenger Carrying Vehicle (D) <input type="checkbox"/> Passenger Carrying Vehicle with Trailer (D + E) | | |
| Do you have any points or disqualifications | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Please tell us the conviction codes and dates as applicable | | | |

References

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been employed, this should be your most recent employer. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Your second referee should be a personal referee who can comment on your personal qualities and suitability for the post. For all posts written references obtained must cover the preceding 3 years of employment. All referees will be approached prior to interview unless you indicate otherwise.

Referee 1 (Professional)

| | | | |
|----------------------|--|---|--|
| *Surname/Family name | | First Name | |
| Job Title | | | |
| *Address | | | |
| *Post Code | | *Country | |
| Telephone | | Fax | |
| Email | | | |
| * Relationship | | *Can the referee be contacted prior to interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Referee 2 (Personal)

| | | | |
|----------------------|--|--|--|
| *Surname/Family name | | First Name | |
| Job Title | | | |
| *Address | | | |
| *Post Code | | *Country | |
| Telephone | | Fax | |
| Email | | | |
| * Relationship | | * Can the referee be contacted prior to interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Supporting Information

In this section please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with the application form, if applying online where no specific job is outlined, please indicate which role you think you may be suitable for and your reasons). This can include relevant skills, knowledge, experience, voluntary activities and training etc. If relevant to the post for which you are applying you should include details about research experience, publications or poster presentation, clinical care (knowledge and skills) and clinical audit.

Supporting information (Please continue on additional sheets if necessary).