

**480 Harehills Lane**

**Leeds**

**LS9 6NG.**

**Application form**

**1A. Personal details**

Surname: Forename(s):

Title: Date of Birth:

Address:

Home telephone: Work telephone:

Mobile telephone: Email:

Nationality:

Passport number: Passport expiry date:

Type of visa you will provide:

Profession: Grade/level:

|  |
| --- |
| 1B. Person to be contacted in case of emergency.  Please note, at least one contact must be in the country you are currently working in/ apply to work in. |
| Name: |
| Address: |
| Telephone |
| Name: |
| Address |
| Telephone: |

2. Checklist

In order for Adopt Healthcare to process your application smoothly, please ensure you enclose original documents (or bring in person) as detailed below, where possible with your application. We will return your document same day by recorded delivery.

Please tick

∆ Full CV or completed employment history

∆ Copies of qualifications and certificates

∆ CRB Check information (for UK applications) evidence of police

Clearance (Non-UK applicants) Application form/Document)

∆ Passport or driving licence (photo type) for identification

2 Passport size photographs

∆ valid documentation to prove eligibility to work in the country of choice (if applicable)

For information regarding the required documentation for working in another country, visit the country’s government website (example applicants wishing to work in the UK should visit [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)), or contact your consultant.

3 Type of work required/ General information

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| Preferred client group / Type of work: |
| Preferred geographical area: |
| Do you wish to work full time: Yes/No If No, how many hours do you require? |
| Preferred start date: Notice period: |
| Do you hold a clean driving licence? Yes/No |

4A. Education and training

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| --- | --- | --- | --- | --- |
| From | To | University/college | | Qualification |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| B. Professional body Registration Expiry date | | | | |
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|  | | |  |  |

C. Professional Training

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| --- | --- |
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5) Medical History

Please tick if you have had vaccination for the diseases and when.

|  |  |  |
| --- | --- | --- |
| Hepatitis B | Yes/No | Year of vaccination |
| Tuberculosis | Yes/No | Year of vaccination |
| Rubella | Yes/No | Year of vaccination |
| Tetanus | Yes/No | Year of vaccination |

5B. Health

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| In relation to serious illness or disability, is there anything that may affect your work? If so, do not hesitate to give details so that we can support you. |

6. Interview Dates

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| Please give us your availability within the next month regarding your interview dates. |

7. References: Please provide two references to support your application. One would be from your most recent employer. This must not be a friend or relative.

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| Name:  Position:  Address:  Telephone Number:  How long are they known to you and in what capacity. |

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| --- |
| Name:  Position:  Address:  Telephone Number:  How long are they known to you and in what capacity. |

8. Criminal Records Bureau

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| As part of the conditions whilst working with vulnerable people, please we would contact the Disclosure Barring Service for a criminal check.  Please sign and date to give consent. …………………… |

9. Rehabilitation of Offenders Act 1974

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| Please you should list all criminal convictions, including any, which may in other circumstances be considered spent.  Have you been convicted of any criminal offence by the court of law?  (Yes/No)  If you have criminal convictions, information should be given on a separate sheet or paper with the details of when it happened. This would be kept confidential. |

10. Declaration

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| The information I have given on this form is correct to the best of my knowledge. I understand that any false information may lead to rejection of my form or termination of employment.  Name in full………………………..Sign………….Date………… |

Please return application to:

Adopt Healthcare Ltd

480 Harehills Lane

NHS Shadesbury House

Harehills Leeds.

LS9 6NG.