



# Application Form

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City County Postcode*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Start Date: \_\_\_\_\_ NI No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United Kingdom? YES NO If no, are you authorized to work in the UK? YES NO

Have you ever worked in the Healthcare? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of any criminal offence? YES NO

If yes, explain: \_\_\_\_\_

## Next of Kin

Surname \_\_\_\_\_ Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Address: \_\_\_\_\_

Including Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**I am willing to work all agreed shifts to the best of my ability and professionalism without endangering or harming myself, work colleagues, patients or general public. I will inform Reigns Consultancy LTD if I am not fit for work at the earliest time possible.**

DATE: \_\_\_\_\_ SIGN: \_\_\_\_\_



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## Education

INSTITUTION	DATES	QUALIFICATION/S



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## References

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:£ \_\_\_\_\_ Ending Salary:£ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
     

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:£ \_\_\_\_\_ Ending Salary:£ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous company for a reference?      YES      NO  
     

**PLEASE ATTACH CV WITHOUT GAPS - FROM SCHOOL TILL NOW**



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## MEDICAL INFORMATION

Answers to this questionnaire will be kept **CONFIDENTIAL** by the Occupational Health Department and information you give will not be handed to anyone else without your written consent.

The purpose of this questionnaire is to examine your current health status in order establish what effect this might have upon your ability to undertake the duties of your current/offered post and/or whether issues you may have, present any risks to yourself and/or others in the workplace.

We may recommend adjustments or assistance as a result of this assessment to better enable you to do your job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment, you may be contacted by the Occupational Health Department team and you may need to be seen by an occupational health nurse or physician. Please complete this questionnaire as fully as possible, in black pen and in **BLOCK CAPITALS**.

PERSONAL DETAILS	JOB ROLE DETAILS
TITLE: (Mr, Mrs, Miss, Dr etc)	JOB TITLE:
LAST NAME:	RECRUITING MANAGER:
FIRST NAME:	JOB DESCRIPTION
GENDER:	
DATE OF BIRTH:	PREFERED AREA OF WORK:
TELEPHONE:	
EMAIL:	
HOME ADDRESS:	NAME OF GP: GP ADDRESS:

ANSWER ALL QUESTIONS. IF YES PLEASE GIVE DETAILS BELOW.	YES	NO	DON'T KNOW
1) Do you any illnesses or disabilities that can be affected by the role you applied for? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have any illnesses or disabilities that have been caused by work? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you under any medical treatment or assessment or awaiting any? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you need any adjustments to enable you to perform the role you applied for? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you upto date with all your immunisations? (hepatitis, bcg, etc) If yes please bring proof.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PAYMENT DETAILS (BANK)



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<b>LIMITED COMPANY</b>	
<b>FULL NAME</b>	
<b>COMPANY NAME &amp; ADDRESS</b>	
<b>BANK NAME</b>	
<b>ACCOUNT NAME</b>	
<b>SORT CODE</b>	
<b>ACCOUNT No.</b>	

<b>PAYE DETAILS</b>		
<b>FULL NAME</b>		
<b>D.O.B.</b>	<b>NI No.</b>	
<b>BANK NAME</b>		
<b>ACCOUNT NAME</b>		
<b>SORT CODE</b>	<b>ACCOUNT No.</b>	

<b>DECLARATION</b>	
<b>I confirm the details I have provided regarding my bank details are correct and I accept that all my payments should be made into the above account unless otherwise stated in writing to Reigns Consultancy LTD.</b>	
<b>SIGNATURE:</b>	
<b>FULL NAME:</b>	
<b>DATE:</b>	



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PLEASE SELECT ONLY ONE OF THE FOLLOWING STATEMENTS A, B OR C.

- A  THIS IS MY FIRST JOB SINCE LAST 6 APRIL AND I HAVE NOT BEEN RECEIVING TAXABLE JOBSEEKER'S ALLOWANCE, EMPLOYMENT AND SUPPORT ALLOWANCE, TAXABLE INCAPACITY BENEFIT, STATE OR OCCUPATIONAL PENSION.
- B  THIS IS NOW MY ONLY JOB BUT SINCE LAST 6 APRIL I HAVE HAD ANOTHER JOB, OR RECEIVED TAXABLE JOBSEEKER'S ALLOWANCE, EMPLOYMENT AND SUPPORT ALLOWANCE OR TAXABLE INCAPACITY BENEFIT. I DO NOT RECEIVE A STATE OR OCCUPATIONAL PENSION.
- C  AS WELL AS MY NEW JOB, I HAVE ANOTHER JOB OR RECEIVE A STATE OR OCCUPATIONAL PENSION.

I HAVE A STUDENT LOAN WHICH IS NOT FULLY REPAID AND I LEFT A COURSE OF UK HIGHER EDUCATION BEFORE LAST 6 APRIL AND I RECEIVED MY FIRST STUDENT LOAN INSTALMENT ON OR AFTER 1 SEPTEMBER 1998. (SELECT "NO" IF YOU ARE REPAYING YOUR STUDENT LOAN DIRECT TO THE STUDENT LOANS COMPANY BY AGREED MONTHLY INSTALMENTS. YES  NO

As part of your employment with Reigns Consultancy we may need to contact you before health clearance is given for employment by an Occupational Health Nurse (OHN) or Occupational Health Physician (OHP).

I understand that my personal details will be handled in accordance with the Data Protection Act 1998. You are advised that the disclosed information above will be held on computer and or/manual records. It will not be disclosed to anyone outside Reigns Consultancy and its Occupational Health Department without your written permission. Any nominated member of staff who processes my information will observe the normal rules regarding confidentiality as defined within the Data Protection Act 1998.

If I have willingly withheld any relevant medical details I realise I may be subject to disciplinary action. I give my consent to Reigns Consultancy and its Occupational Health Department to assess my file.

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_