



St. Luke's
Healthcare

Application Form



Confidential

I understand that all information contained in this form is confidential. It may be shared between staff of St. Luke's Healthcare who are involved in my application and may be put onto a computer. Hard copies will be held by Human Resources only. Applications need to be hand written & completed in full before returning to Human Resources.

Application for the post of :

Please tick if you wish to apply for the job on a: Full Time Part Time Bank

Are you prepared to relocate? YES / NO - Please indicate the areas in which you would be willing to work

Essex NE Essex Norfolk Hampshire SE London S Wales

(Please complete in block capitals)

1. Personal Details

Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>
Surname:						First Name:
Date of Birth: (Optional)						Male / Female:
Home Address:						Home Tel:
						Mobile Tel:
						Work Tel: (Please state if we may contact you at work) YES / NO
Postcode:						Email Address:
National Insurance No.						Date of application:

2. Membership of Relevant Professional Bodies

Body: (NMC, GMC, BPS, GSCC etc)	Membership Status:
Registration / Membership No: (Documents supporting your Membership Status may be required on request)	Expiry Date:

3. Other Information

Do you hold a valid UK driving licence?	YES / NO	Full <input type="checkbox"/>	Provisional <input type="checkbox"/>	International <input type="checkbox"/>
Please state if this is a clean licence	YES / NO	(If no please state)		
Do you require a work permit / Visa ?	YES / NO	(If yes please provide us with your status in the UK)		
Are you related to, a friend of or known to any employee or member of St. Luke's Healthcare	YES / NO	If yes please give details of your relationship to this person: (e.g. name, relative / friend etc)		
Please tick if you are in agreement for information provided to be shared with other companies associated with St. Luke's Healthcare?	<input type="checkbox"/>			

4. General Education

Level e.g GCSE	Qualifications	Grade	Year Obtained

5. Further Education / Professional Training

Institution	Level	Qualifications	Grade	Year Obtained

6. Current Studies

Institution	Level	Course Title	Method of study e.g. day release, evening	Completion Date

7. Relevant Training Courses / Seminars

Institution	Course Title	Duration	Completion Date

8. Employment History - Please complete and attach a copy of your CV if applicable

Present or most recent Employer		
Name / Company:	Job Title:	
Address:	Employed From / To:	
	Salary:	
Tel:	Email:	Notice Period:

Please provide a summary of the main duties and responsibilities of your current / most recent post. Please also provide the reasons for wishing to seek new employment.

9. Previous Employment (over the last **10 years**, including unpaid / voluntary work)
- Please account for any gaps in employment

Company and Employer's Name (most recent first)	Position Held	From / To	Reason for leaving

Please continue on a separate sheet if necessary

10. Please declare any legal actions / disputes with previous employers

Date of Dispute	Nature of Dispute	Employer	Outcome

11. References

Please supply the name of two people who have agreed to supply references. These should be your present and previous employers, if appropriate. If less than 12 months in duration please also supply the name of your employers before this date, **please attach a separate sheet if required**. If you have only worked for one employer you may provide details of a character witness (Relatives should not be used). **Please provide references for the last 5 years.**

Present / Last Employer	
Name:	Name:
Title / Company:	Title / Company:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Email:	Email:
Fax:	Fax:
May we contact the person prior to interview? (Please circle)	May we contact the person prior to interview? (Please circle)
YES / NO	YES / NO

12. Additional Information

To support your application, please include details of your skills, experience, responsibilities and interests, which are relevant to the post.

Please continue on a separate sheet if necessary

13. Further Information

Do you have any illness / condition which may affect your employment with us or working the required shifts?

How much time have you had off work due to illness / accident in the last two years?

On how many separate occasions?

Are you a registered disabled person?

14. Rehabilitation of Offenders

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974. If short listed you will be required to disclose any criminal conviction (including those “spent”), which you have had. Failure to give this information could result in your offer being withdrawn, dismissal or disciplinary action by St. Luke’s Healthcare. Any information given will be considered only in relation to your application for the position to which the order applies.

Please provide details of convictions

Are you the subject of any police investigation or prosecution in the UK or in any other country?

YES / NO (If yes please give details)

Have you ever been convicted of a criminal offence required by the law to be disclosed, or have you ever received a police caution in the UK? *(Please note that due to the nature of our business ie vulnerable clients, no conviction is considered ‘spent’).*

YES / NO (If yes please give details)

Have you ever received a criminal conviction in another country?

YES / NO (If yes please give details)

15. Declarations

I am / am not subject of any investigations or proceedings by any body having regulatory functions in relation to health and social care professionals (including those in another country).

(Please delete as applicable)

I have / have not ever been disqualified from the practice of a profession or been required to practice subject to specified limitations following fitness to practice by a regulatory body in the UK or another country.

(Please delete as applicable)

I declare that the information contained in this form is true and correct and understand that canvassing and failure to disclose a relationship to an employee or St. Luke’s Healthcare member will disqualify my application. Fraudulent information discovered after appointment will result in dismissal. I also understand that any offer of a post will be subject to satisfactory medical clearance.

Signature :Date :

Pre-Employment Health Questionnaire

This form asks questions about your past and present health.

If you have any doubts about completing this form, please do not hesitate to contact us.

Please return the completed form to the following address, this will be kept confidential and separate from your application form:

Human Resources

Bradley House, Locks Hill, Rochford, Essex, SS4 1BB

Tel: 01702 533161 **Fax:** 01702 533163

Name:	
(Dr, Mr, Mrs, Ms, Miss):	
Forename(s):	
Maiden Name:	
Address:	
Date of Birth:	
Telephone Number: (Home) (Mobile)	
Present Job:	
Name and Address of Previous Employer:	
Post Applied For:	
Full Time / Part Time:	
If you have previously completed a health questionnaire for a company please provide a date & reason for investigation	

Have you been vaccinated or screened for any of the following?

Description	YES / NO	Remarks and dates
Tuberculosis:		
Rubella (German Measles) Test:		
Rubella (German Measles) Vaccine:		
Tetanus:		
Hepatitis B and Hepatitis C:		
Polio:		
Typhoid:		
Other:		

What is your height?	
Weight?	
Date, place and result of last chest X-ray? (If applicable)	

Have you ever had in your life, including childhood, any of the following ?

No	Question	YES / NO	Details including dates
1	Back / neck trouble		
2	Accident or fall involving your back		
3	Seen a Doctor for a back related problem		
4	Taken any medication or alternative medicine for a long standing back problem		
5	Hearing loss Ear infections Persistent ear discharge		
6	Disease of the nose, mouth, throat or teeth		
7	Do you wear spectacles or contact lenses Defect of vision colour Eye disease or disturbance of vision		
8	Tuberculosis, pneumonia, pleurisy, asthma, bronchitis or any other chest problems		
9	Rheumatic fever, heart trouble, high blood pressure or circulatory problems		
10	Gastric, stomach, bowel disorder		
11	Liver / kidney bladder disease including jaundice		
12	Rupture or hernia		
13	Varicose vein or leg ulcers		
14	Epilepsy, giddiness, blackouts, repeated fainting attacks		
15	Headaches, migraine		
16	Treatment of stress, depression or any other psychiatric or psychological disorder e.g phobias		
17	Disease affecting the brain, spinal cord or nervous system		
18	Conditions or deformities of hand, arm, foot which affect movement		
19	Eczema, Psoriasis, Dermatitis or other skin disorder		
20	Allergies to any substances including medicines		
21	Hay fever		
22	Operations		
23	Accidents / injury requiring Doctor / Hospital treatment		
24	Diabetes, if yes are you On a diet On tablets On Injections		
25	Been abroad in the last 12 months, if yes, where, and give details		
26	Typhoid fever, dysentery, food poisoning or other bowel infection		
27	Menstrual disorders, gynaecological or obstetric problems		
27a	Are you pregnant		
28	Any other illness / fever / anaemia / hospital investigations/ injury/ physical deformity etc. not declared above		
29	Are you taking or have you ever taken any medicines, tablets, pills or injections prescribed for any condition detailed in this form		
30	Do you smoke? If yes, how many cigarettes, cigars, oz. of tobacco, pipe tobacco per week		
31	How much alcohol on average do you take per day / week		
32	Family history - has any close blood relative suffered from any serious complaints or hereditary conditions, e.g. diabetes, heart disease, high blood pressure, eczema or asthma		

Name of General Practitioner:	
Address:	
Tel:	

Diversity and Equality in Employment

It is the policy of St. Luke's Healthcare to provide equal opportunities in employment. All decisions relating to recruitment, training and promotion will be made solely on the requirements of the job, and shall not be influenced by any consideration of ethnic origin, religion, sex or disability.

To ensure that the policy is effective it is essential that detailed monitoring is carried out which necessitates the collection of information regarding applicants, sex, ethnic origin, religion, sex or disability etc.

This information will not be used by those involved in the selection procedure and is for statistical purposes only.

It will be separated on receipt before any consideration of applicants takes place.

Ethnic Origin

White		Mixed		Asian		Black		Chinese	
White-English		White & Black Caribbean		British Indian		British-Caribbean		British-Chinese	
White-Scottish		White & Black African		Indian		Caribbean		Chinese	
White-Welsh		White & Asian		British-Pakistani		British-African			
White-Irish		Mixed Background		Pakistani		African		Other Background	
White-British				British Bangladeshi				Other	
White-European				Bangladeshi					
White Non-European								Not Declared	

Sex

Marital Status

Male	Female	Single	Married	Divorced	Separated	Widowed

Disability Discrimination Act 1995

Please give details of any disability as defined within the Disability Discrimination Act 1995. A disability or health problem does not preclude full consideration of the job.

Details of disability :

All information provided by applications will be treated as confidential.

Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 42 of the Rehabilitation of Offenders Act 1974. (Exceptions) orders 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, will result in dismissal. Any information given will be completely confidential and will be considered only in relation to an application for the position to which the other applies.

Have you had any criminal convictions? Yes No

If yes please comment :

Name : Signature : Date :

Post :

Surname : Forenames :

Signature : Date :



Verification of Identity

As part of our recruitment process you will be asked to supply original identification documents such as Passport/ Visa and British Certificates.

These may be passed to the Immigration Services for checking purposes.
We may also at times have an immigration officer on site to check supporting documentation.

Please sign and return this form with your completed application to indicate that you have no objections to this procedure.

Failure to return this form will prevent your application being considered.

I expressly consent to providing original identity documents as required under the Asylum and Immigration Act.

I understand that copies of these may be passed to the Immigration Services for verification purposes.

Signature :

Name :

Date :

Position Applied for :

Recruitment Survey

How did you hear about the position you are applying for?

Please tick the appropriate box

Job Centre :	<input type="checkbox"/>	<i>Please specify</i>
Recruitment Agency :	<input type="checkbox"/>	<i>Please specify</i>
Through a Friend :	<input type="checkbox"/>	<i>Please specify</i>
Word of Mouth :	<input type="checkbox"/>	
SLHG Website :	<input type="checkbox"/>	
Other Website :	<input type="checkbox"/>	<i>Please specify</i>
Advertisement :	<input type="checkbox"/>	<i>Please specify</i>
Recruitment Exhibition :	<input type="checkbox"/>	<i>Please specify</i>

Post applied for : _____

Location of post applying for :

Essex NE Essex Norfolk Hampshire SE London S Wales

Area you live in : _____

Date: / /

Any comments you feel may help us improve our recruitment process

Thank you for your time



Bradley House, Locks Hill, Rochford, Essex, SS4 1BB, UK

Tel: 01702 533161 Fax: 01702 533163

Web: www.slhg.org Email: contactus@slhg.org

Registration number: 4103257