

CONFIDENTIAL

FORM AP2

Return this form to:

Revd David Ireland CEO
Francis House Family Trust
Francis House Children's Hospice
390 Parrswood Road
Manchester
M20 5NA

APPLICATION FOR EMPLOYMENT

POST APPLIED FOR: Registered Nurse

CLOSING DATE:

SALARY:

(dependent upon qualifications)

PERSONAL

Surname	Forename(s)	Date of Birth
Address	Home Telephone number	
Postcode	Mobile	Email
Where did you see this position advertised?		

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, e.g. CAR, HGV, PSV

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)

For Nursing Staff only:

Date of Qualifying PIN No Expiry

Other Training/Membership of Professional Bodies/Apprenticeships/Special courses. 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 from 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