|  |
| --- |
| Please attach a Passport Photograph  |

**Application Form**

|  |  |
| --- | --- |
| **Position Applied for:**  |  |
| **Date available to commence employment:**  |  |
| **Salary expectations:**  |   |
| **Surname:**  |  | **Address:** **Post Code:**  |
| **Forenames:**  |  |
| **Title:**  |  |
|  **Maiden/Other name:**  |  |
| **Mob Telephone:**   | **Home:** |  |
| **Email address:**   |  |
| **Nationality:**  |  |
| **National Insurance Number:**  |  |   |
| **D.O.B:** |  |
| **Do you have a value driving licence?****Do you have a DBS**  |  |

**List any Academic qualifications you have**

***(****Continue on a separate sheet of paper if necessary)*

|  |  |  |
| --- | --- | --- |
| **Institute/Location of study**  | **Qualification**  | **Date** *(to & from)* |
|  |  |  |

# Professional & Clinical Training & Qualifications

|  |  |  |
| --- | --- | --- |
| **Institute/Location of study**  | **Qualifications**  | **Date** *(to & from)* |
|  |  |  |

*Note: Please bring with your original certificates of all relevant qualifications and certificates you have obtained*.

# Current Employment Information

|  |  |
| --- | --- |
| **Name and address of current employer:** **Telephone Number:**  **Name of your Manager:**   | **Start Date:** **End Date (if applicable):**   |
| **Position Held:**   |
| **Reason for leaving (if applicable):**   |

# Full employment history including any gaps – Most Recent First

***Please note a full 10-year employment history must be provided, or your employment history since leaving full time education if less than 10 years. All gaps over 2 months in employment history must be detailed with a note of explanation. (****Continue on a separate sheet of paper if necessary)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name & address**  | **Position held**  | **Date from**  | **Date to**  | **Reason for leaving**  |
|  |  |  |  |  |
|   |   |  |   |   |
|   |   |   |   |   |
| **Company Name & address**  | **Position held**  | **Date from**  | **Date to**  | **Reason for leaving**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Community, Volunteer or Intern Experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of organisation**  | **Position & title**  | **General Duties**  | **Date** *(to & from)* |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |

# Permissions to work in the UK

|  |  |  |
| --- | --- | --- |
| Are there any restrictions to your residence within the UK that might your right to take up employment in the UK?  |  | **Yes / No**  |
| If your application is successful, would you require permission to work in the UK  |  | **Yes / No**  |
| **NMC Pin (if applicable)**  |  |
| **NMC Registration Number:**   | **Expiry Date:**   |

# Skills & Experience

***In support of your application, please detail your relevant skills, experiences and personal qualities which you believe are relevant to the position you’re applying for:***

#

# Professional References

*Please provide full names and addresses of two professional employment referees and one character referee. Your first reference must be from your current or previous last place of work and addressed to your line manager. New Vision Care Services cannot use friends or relatives for any employment references. Employment references cannot be sent to private or personal home addresses. You must provide workplace addresses and the referee must be a higher grade of staff than you yourself i.e. your line manager*

|  |  |
| --- | --- |
| **Name**  |  |
| **Job Title**  |  |
| **How do you know this person?**  |  |
| **Company**  |  |
| **Address**  |  |
| **Telephone Number**  |  |
| **Email**  |   |

|  |  |
| --- | --- |
| **Name**  |  |
| **Job Title**  |  |
| **How do you know this person?**  |  |
| **Company**  |  |
| **Address**  |  |
| **Telephone Number**  |  |
| **Email**  |  |

|  |  |
| --- | --- |
| **Name**  |   |
| **Job Title**  |   |
| **How do you know this person?**  |   |
| **Company**  |   |
| **Address**  |   |
| **Telephone Number**  |   |
| **Email**  |   |

# Next of Kin details

*(Who you would want New Vision Care Service to contact in the event of an emergency)*

|  |  |
| --- | --- |
| **Surname:**   | **Address:**  **Post Code:**  |
| **Forename:**   |
| **Title:**  |
| **Relationship:**   |
| **Contact Numbers:**  |
| **Work contact Number:**  |

# Criminal Records

|  |  |  |
| --- | --- | --- |
| **Do you have any criminal convictions/ cautions or bind overs in the UK or abroad? (whether related to work or not):**  | **Yes**  | **No**  |

**If yes please detail below:**

|  |  |  |
| --- | --- | --- |
| **Are you / have you been under / or undergoing any clinical investigation, disciplinary or suspension process pending or otherwise?**  | **Yes**  | **No**  |

**If yes please detail below:**

*This employment is not exempt from the provisions of the rehabilitation of young offenders Act 1974, you are not therefore entitled to withhold information requested by the company about any previous convictions in this country or abroad you may have, even if in other circumstances these would appear spent. I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal. Should I be offered employment, I accept that I will be required to notify the company of any changes to my DBS status.*

*Please tick the appropriate box to confirm that you have read and understood the above information.*

|  |  |  |
| --- | --- | --- |
| ***Signed:***   | ***Print:***  | ***Date:***  |

# Confidentiality

*If you are successful in your application for employment with New Vision Care Services: All information you see or hear in the course of your duty is confidential. You must not disclose any personal details or information relating to clients, their medical conditions or information which is deemed to be commercially sensitive to the organisation.*

# Data Protection Act 1998

*Personal information collected on this declaration will be processed and stored in full accordance with the Data Protection Act 1998.*

*In line with the act New Vision Care Services files are kept securely in a safe and secure location. You understand that any personal detail held by New Vision Care Services may be accessed from time to time by inspectors from the care quality commission, other regulatory bodies and designated individuals in line with contractual obligations.*

*If declaration is completed during a successful job application, the declaration will be stored in an individual’s permanent employment record. If a prospective employee does not start employment the declaration will be kept for no longer than necessary and then destroyed. This is usually for a period of up to six months to allow for the consideration and resolution of any disputes or complaints.*

|  |
| --- |
|  |

*Please tick to show your agreement with this:*

# Working Time Regulations 1998

*The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week, however you may choose to do so.*

*Please tick the appropriate box to confirm that you have read and understood the above information.*

|  |  |
| --- | --- |
| ***I DO NOT*** *wish to work more than 48 hrs per week\**  | ***I DO*** *wish to work more than 48 hours per week\**  |
| *Delete as appropriate\**  |

# Employment with New Vision Care Services

*It is New Vision Care Services policy to employ the most suitably qualified personnel and to ensure equal opportunity for the advancement of employee. This includes promotion and training and to prohibit discrimination against any individual on the basis of race, colour, ethnicity, nationality, sexual orientation, gender, religion, belief, pregnancy, marital or civil partnership status, age or disability. In completion of this application form, I authorise New Vision Care Services to obtain references to support this application once an offer has been made and accepted. I release New Vision Care Services and submitted referees from any liability caused by giving and receiving any information. I confirm that the information given on this form is to the best of my knowledge, true and complete and that the provision of any false statement(s) will be sufficient cause for rejection or if employed, dismissal.*

|  |  |  |
| --- | --- | --- |
| ***Signed:***  | ***Print:***  | ***Date:***  |
|  |  |
| **How did you hear about *New Vision Care Services*? Please provide detail:**  |

|  |  |
| --- | --- |
|  | **For office use only**  |
| **Successful/unsuccessful**  |  |  |

**PAYMENT DETAIL**

By fill the payment detail, you give consent to NVCS to pay your wages to the bank provided

|  |  |
| --- | --- |
| ***Full Name*** |  |
| ***Bank Name*** |  |
| ***Account No:*** |  |
| ***Sort Code*** |  |
| ***Signature*** |  |