

# **Application for employment**

All information will be treated as strictly confidential and no approach will be made to any person without your permission. Please print clearly.

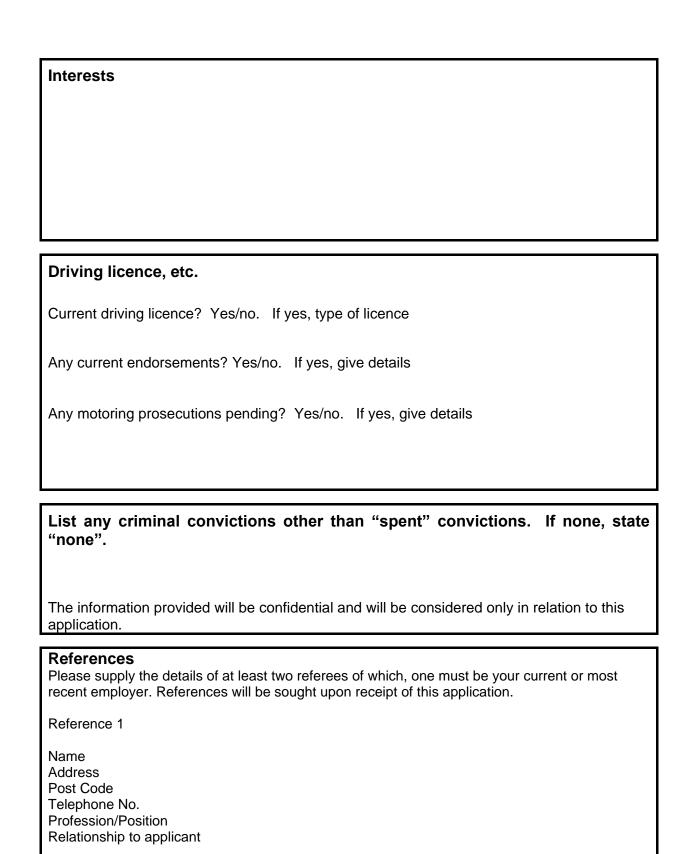
If you obtained this position, would you continue in any other employment? Yes/No

Position applied for:

recruitment process?						
If your application were successful when would you be able to commence work?						
Personal details						
Title: Surname:						
Home address:						
Postcode:						
Home telephone: Mobile No:						
Position Applied for:						
For Nurses only: NMC PIN number: Expiry Date:						
Qualification: Date obtained:						
Place of Training:						

Personal Details cont'd					
Are you eligible to work in UK? Y/N					
Visa Number:					
National Insurance Number:					
Passport Number:					
Nationality:					
·					
Education and training					
School, college & University		Dates	Qualifications		

Name & address of employer	Dates	Job title or duties	Reason for Leaving
evious relevant ex	perience		
	•		



Name

Address

Post Code

Reference 2

Telephone No.

Profession/Position

Reference 3  Name Address Post Code Telephone No. Profession/Position Relationship to applica	ant									
Please detail any your application.	further	information	you	wish	to p	out	forward	in	support	of
Declaration  The above information misleading information								oasi	s of untrue	or
Signed:				Da	ıte:					

Relationship to applicant

## PRE - EMPLOYMENT MEDICAL QUESTIONNAIRE

Ful	I Name:		
Add	dress:		
Coi	ntact No:		
We	will not contact your doctor without your	prior written consent.	
1.	How many days' absence have you had from work in the last three years?		days
2.	Are you currently on medication (excluding contraceptives)?		YES/NO
	If YES, please give further details.		
3.	Have you spent time in hospital in the last three years? If so, why?		YES/NO
4.	Do you suffer from any injury, illness, medical condition that might affect your ability to perform your duties?		YES/NO
	If YES, please give further details.		
5.	Do you suffer from any allergies?  If YES, please give further details.		YES/NO
6	Do you consider yourself to have a disability?		VES/NO

If YES, please give further details

### Title: DATA SUBJECTS CONSENT (FORM) EMPLOYEE

The General Data Protection Regulations (GDPR) defines consent as: "Freely given, specific, informed and unambiguous. Your privacy is therefore very important to us. Before asking you to give your consent about information we collect from you, we must inform you of the information we may hold about you. (See attached letter Informing you how we process your information)

The consent of the data subject (Employee) provides a lawful basis for the processing of the data subject's (Employee personal data).

#### **Explicit Consent**

This means we need to be specific about what we are asking you to consent to and not a blanket consent that covers everything. We must provide you with information about what we are asking you to consent to which is included in the following table:

We are seeking your consent to collection of the following information:

Name, DOB, Contact details, Qualifications and experience, Health condition, Convictions and Reprimands, Proof ID, Proof of address, Right to work in UK and References

#### What will we do with the information?

We will use the information to:

The Company requires certain information prior to you commencing employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995. The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the GDPR

#### Rights of the Employee-

We must ensure that when you are giving your consent that reflects your genuine and free choice, and there is no pressure put on you to give consent.

Witness Name :	Signed:	Date:	
Name:	Signed:	Date:	
I give my consent to the collection	n of information desc	ribed in this Consent Form	n.
Name of staff:	Desi	ignation:	• • • • • • • • • • • • • • • • • • • •
Senior Person responsible for data	,	1	
<b>You have the right</b> to withdraw	your consent and 11 ye	ou wish to do so please co	mact: