PREVIOUS EMPLOYMENT EXPERIENCE
Please list from most recent

Employer's Name & Address	Date From - To	Role/Title/Responsibilities	Salary/ Rate of Pay	Reason for Leaving/ Wanting to Leave

Tasked Performed: .....

.....

Please give a brief description of your working pattern: .....

.....

EDUCATION

	Name and Location	Graduate/ Degree	Subjects of Study/Grade	Date From - To
High School				
College or University				
Specialised Training/ Trade School				
Other Education				
Other Training or Voluntary Work and Date				

Say Opal Healthcare, 47a Merthyr Road, Northampton, NN5 7BS.
Tel: 07450 748284 Fax: 01604 588330

SAY OPAL HEALTHCARE

Committted to Equality and Diversity

APPLICATION FOR EMPLOYMENT

ALL INFORMATION PROVIDED WILL BE TREATED CONFIDENTIALLY

FOR OFFICE USE ONLY:

Position Sought: .....

Declined before Interview: .....

Declined after Interview: .....

Offer Made: .....

Offer Accepted: .....

Official Start Date: .....

PERSONAL INFORMATION:

Name: .....

Address: .....

.....

.....

Contact Numbers: Home .....

Mobile.....

Email.....

Date of Birth: .....

Gender: Male ☐ Female ☐

How did you learn about our vacancy: .....

Preferred Hours of Work: .....

National Insurance No: .....

Desired Pay Range: .....

NMC Details: .....
Pin No., Expiry Date (where applicable)

PLEASE CIRCLE APPROPRIATE RESPONSE

Do you hold a Full Valid Driving Licence? Yes ☐ No ☐

Are you currently Employed? Yes ☐ No ☐

Are you entitled to live and work in the UK? Yes ☐ No ☐

Do you require a Work Permit? Yes ☐ No ☐

Do you have a Criminal Conviction? Yes ☐ No ☐

If so, please provide details: .....

.....

.....

.....

(If you are successful a Criminal Record Chesck (CRB) will be obtained prior to recruitment

Please list your areas of highest proficiency/special skills or other items that may contribute to your abilities in performing the above job:

.....

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.....

.....

REFERENCES

Provide details of two referees. One must be from your most recent employer/educational establishment.

First Referee: ..... Relationship: .....

Name: ..... Job Position: .....

Address: .....

.....

Contact Phone No: ..... Work: .....

Second Referee: ..... Relationship: .....

Name: ..... Job Position: .....

Address: .....

.....

Contact Phone No: ..... Work: .....

DECLARATION

I declare that the information given on this form is correct/true and accurate to my best knowledge. Employment/Interview will be terminated due to any false/untrue statements, made by myslef. I will tell **Say Opal Healthcare** about any changes in circumstances.

Name: .....

Date: ..... Signature: .....

HEALTH QUESTIONNAIRE

This questionnaire forms an integral part of the Employment Application Form.
Please complete all sections and tick the appropriate response where applicable.

Mr/Mrs/Miss/Ms/Other Title: .....

Surname: ..... First Name: ..... Other Name: .....

Position Applied for: ..... Weight: ..... Height: .....

Do you currently suffer from, or have ever suffered from, any of the following?

1.	Back/Spinal Problems or Pains	Yes ☐	No ☐	10.	Respiratory Problems	Yes ☐	No ☐
2.	Fainting Attacks or Fits	Yes ☐	No ☐	11.	Heart Problems	Yes ☐	No ☐
3.	Hearing or Sight Defects	Yes ☐	No ☐	12.	Blood Pressure (High / Low)	Yes ☐	No ☐
4.	Irritable Bowel Syndrome or similar	Yes ☐	No ☐	13.	Allergies	Yes ☐	No ☐
5.	Diabetes (Circle - Type 1 / Type 2)	Yes ☐	No ☐	14.	Drug Dependency	Yes ☐	No ☐
6.	Depression	Yes ☐	No ☐	15.	Alcohol Dependency	Yes ☐	No ☐
7.	Psychiatric Problems	Yes ☐	No ☐	16.	Any Disease of the Newrvous System	Yes ☐	No ☐
8.	Gynaecological Problems	Yes ☐	No ☐	17.	Epilepsy	Yes ☐	No ☐
9.	Kidney Problems	Yes ☐	No ☐	18.	Any Physical Problem or Limb Disorders	Yes ☐	No ☐

ADDITIONAL INFORMATION

Use this space to share with us any relevant information to support your application.

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