



# Application Form

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

Please complete this form using black ink or type and return to [applications@medstar-uk.com](mailto:applications@medstar-uk.com) or post to **200-204 Green Lanes, Palmers Green, London N13 5UE**. Please ensure that you have completed all parts of the application form and signed the declaration and consent section.

Post Applied for:	Phone Number:
	Email Address:

How did you hear about Medstar UK? :
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## Section 1: Personal details:

Title:	Forename(s):	Surname:
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Previous name(s):	Preferred name:
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Address:	N.I. number:
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DBS Reference Number:
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Primary Contact Number:
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Secondary Contact Number:
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Post code:
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From:	to:
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***Previous address if less than 5 years at present address***  
Address:

Post code:
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From:	to:
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<b>Next of Kin</b> Name: Relationship to you: Address:  Post Code: Contact Number: Relationship to you:
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## Section 2: Eligibility to Work

If you have lived or worked outside of the UK for 6 months or more in the last 5 years, please provide details:

Country:	From:	To:

Do you need a work permit to work in the UK? Yes  No

### Passport Nationality:

Do you have any endorsements in your passport which limit your stay or length of employment in UK? Yes  No

Note: Medstar UK will require proof of this before an offer of employment can be confirmed – e.g. A long birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996.

## Section 3: Current or most recent employment & reference details

Post Title:	
From:	To:
Name of Employer:	
Address:	Postcode:
	Contact number:
	Notice period:
Reason for leaving:	Last day of service if applicable:
Brief outline of duties:	

### Reference

Name:	Job Title:
Address:	Contact number:
	Organisation:
Postcode:	Email Address:

Can we contact this referee immediately? Yes  No

## Section 4: Previous employment

Please give details of **all previous employment** (paid or unpaid). Please give your most recent first, and use a continuation sheet if necessary. Should there be any gaps in employment, please state why.

### Period of Employment

Post Title:	
From:	To:
Name of employer:	
Address:	Postcode:
	Contact number:
	Reason for leaving:
Brief outline of duties:	

### Reference

Name:	Job Title:
Address:	Postcode:
	Contact number:
	Organisation:
Email Address:	

Can we contact this referee immediately? Yes  No



**Employment History Continued:**

Dates	Employer	Job Role	Contact Details	Reason for Leaving



### Section 5: Education/Qualifications/Training

Please give details of all qualifications obtained & training courses attended, along with the grade and date achieved. Please list your most recent first.

School/college/university/other	Professional Body	Date	Level	Subject	Grade

Any other relevant training:

## Section 6: Declaration

### DATA PROTECTION ACT DECLARATION

The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.

I understand that the information is being used to:

- Process my application for employment;
- Form the basis of a computerised record on the recruitment system for processing and monitoring purposes;
- Form the basis of a manual job file with other application forms and will be used for processing;
- If appointed, form the basis of a manual and computerised employment record.

Do you have any prosecutions pending?

Yes  No

*If yes, please give details in the box below:*

Have you ever been convicted at a court or cautioned by the police for any offence?

Yes  No

*If yes, please list below details of all convictions, cautions or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.*

### Declaration of Abuse Investigation(s)

Have you ever been the subject of any adult or child abuse investigations which alleged that you were the perpetrator of any adult or child abuse?

Yes  No

*If yes, please list full details below indicating the name of police unit or HSC Trust involved in the investigation. If possible, please provide the approximate date(s):*

### DECLARATION AND CONSENT

I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in the withdrawal of any conditional offer made, or dismissal or other disciplinary action if I am appointed.

I understand that I will be asked to complete a DBS Certificate Application Form if my application is successful, and that my DBS information will be periodically checked for updates throughout my employment with Medstar UK. I consent to the Enhanced Disclosure Check being made, and I agree to enquiries relevant to the declaration.

I understand that my professional registration will be checked on application and periodically (annually as a minimum) throughout my employment with Medstar UK and hereby give consent to this.

Signed:

Date (DD/MM/YY):