

Post Applying for: _____

Name: _____

Address: _____ Tel: _____

Area: _____ Mobile: _____

Town: _____

County: _____

Postcode: _____

Pin No. _____ Expiry Date: DD / MM / YYYY

(Registered Nurses Only)

Qualifications:

Name of Exam Body	Date Taken	Grade

Employment History (start with current/last employment)

Date From – To (if current leave To blank)		Name and Address of employer	Position Held	Reason for leaving (if you're not leaving please use N/A)
From	To			
MM / YY	MM / YY			
MM / YY	MM / YY			
MM / YY	MM / YY			

Please state your reason for applying for this post and please state why you think you are suitable for this position:

Have you ever been dismissed from any employer? YES / NO (circle your answer)
If YES please state the reasons why:

REGISTERED NURSES ONLY – Have you ever been subject to any investigations by NMC? YES / NO
If YES what was the date and the outcome?

When are you available to start work? _____

Availability (please tick)

Full time Only	<input type="checkbox"/>	Part Time Only	<input type="checkbox"/>	Full or Part time	<input type="checkbox"/>
Days Only	<input type="checkbox"/>	Nights Only	<input type="checkbox"/>	Days or Nights	<input type="checkbox"/>
Weekdays Only	<input type="checkbox"/>	Weekends Only	<input type="checkbox"/>	Flexible	<input type="checkbox"/>

Days of the week? (please tick)

Mondays	<input type="checkbox"/>	Tuesdays	<input type="checkbox"/>	Wednesdays	<input type="checkbox"/>
Thursdays	<input type="checkbox"/>	Fridays	<input type="checkbox"/>	Saturdays	<input type="checkbox"/>
Sundays	<input type="checkbox"/>	All Days	<input type="checkbox"/>		

Please note - Successful candidate/s will be subject to a Bank/Casual contract but we will try our best to match your options above.

Criminal Records Check (DBS and BARRED LISTS)

Please note: The law requires that all successful applicants will be subject to a criminal records check at the enhanced level before permanent employment with the company not my confirmed. The costs for this check will be charge to yourself. This is because of the nature of the work for which you are applying for, the provisions of Section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975. Applications are therefore required to give information about convictions which for other purposes are “spent” under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for the positions to which the Order applies.

Have you at any time been convicted of an offence? Yes / No (please circle)

If Yes please give details:

Have you registered for the DBS update service? Yes / No (please circle)

If Yes please provide your reference number: _____

Eligibility to work in the UK

Do you have permission to work in the UK? YES / NO (please circle)

Do you require a work permit? YES / NO (please circle)

Are you an Overseas Student? YES / NO (please circle)

In line with the Home Office regulations on the prevention on illegal working, we will need a copy of you original ID documentation to verify your right to work in the UK.

Data Protection & Declaration

The information that you have provided within this form and any information provided at any interview will be used by Bowdall Recruitment Solutions Limited to provide you with suitable work opportunities. In completing this form you agree to your information being added to our records and you consent to us providing details of yourself to our clients. We may also pass this information on to third parties to detect crime, to protect public funds, or any other way permitted by the law.

I confirm to the best of my knowledge that the information I have provided within this form is most current and up to date, I also confirm and agree to the way that Bowdall Recruitment Solutions Limited will used my information to offer me a post to my suitability

Name (please print) : _____

Sign your name: _____

Date: DD / MM / YYYY