



STAFF APPLICATION FORM

LYRIQ HEALTHCARE IS AN EQUAL OPPORTUNITIES RECRUITMENT AGENCY.

All information provided will be treated with confidentiality.

PERSONAL DETAILS	
Position Applied For:	Ref No:
Days / Nights	Hours:
Name:	Location:
Address:	
Postcode:	
For DBS processing please provide previous Address(es) in the last 5 Years (including month/year you moved in/out):	
Telephone Number(s):	
E-mail Address:	
Registered Nurses please supply the details of NMC PIN:	
AVAILABILITY	
Period of notice required:	Are you legally eligible to work in the UK?
Date available for work:	Do you require a work permit?
Do you hold a current Driving licence?	Are there any points on your Licence?
Are you prepared to travel?	Have you been employed by this Company previously?
Do you have relatives working for this Company? (If yes, please give details)	
Do you have any holidays booked? (If yes, please give details)	
If offered this position, will you continue to work elsewhere in any capacity? (If yes, please give details)	
EDUCATION	

Relevant qualifications (e.g. School / College / University / Adult / Vocational)

Please begin with the most recent and work backwards

Qualifications achieved & Grades:

Name & Address of education establishment:

Dates to & from:

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OTHER TRAINING / COURSES

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MEMBERSHIPS OF PROFESSIONAL BODIES

Name / Level of Membership

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PREVIOUS EMPLOYMENT HISTORY

Please provide full details of all previous employers.

Where there is a gap in the chronological order please give full details of the reason for the break. Please ensure that you complete details of any work carried out with agencies.

If necessary please continue on a separate sheet.

From	To	Employer Details	Job Role	Reason for Leaving
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Please provide details of external activities and pursuits that you undertake:

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KNOWLEDGE, SKILLS AND EXPERIENCE

Please tell us why you would be successful in this position, giving details of your relevant skills, knowledge and experience.
Remember to address the criteria mentioned in the Job Description and / or Person Specification when completing your application.

CRIMINAL RECORD DISCLOSURE AND REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work you will be asked to undertake this post is exempt from the provisions of the Rehabilitations of Offenders Legislation.

This means that you must provide us with all information relating to any form of conviction at any time in your lifetime. This includes such matters as police cautions, anti-social behaviour orders or informal warnings as well as any other form of conviction whether you were sent to prison or not.

You are not entitled to withhold any information whether the sentence is spent or not.

Any information that you give will be completely confidential and will only be considered in relation to the post that you are applying for.

A criminal record may not be a bar to obtaining employment.

If you have been registered on any list relating to vulnerable adults or children and your registration has been confirmed you should be aware that you would be committing a criminal offence in applying for a post in a caring position.

Any failure to notify of any conviction of any other form of misleading or false information now or at any time in the future could result in disciplinary action that may lead to the termination of your employment.

DECLARATION

Do you have any convictions to disclose? (if so please give details including nature of offence & date)

Yes No

Any information should be given on a separate sheet and submitted with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

I hereby consent to the Company completing a DBS check on me:

Signed: **Date:**

REFERENCES

Please provide the names, addresses and telephone numbers of two people.

One of these must be your present or most recent employer.

The other must be any previous employers in care, if your current employer is not, or if you have not worked in care you may provide a character reference who must not be a member of your family.

Please note that Referees will not be contacted without your permission.

Any offer of employment will be subject to receipt of satisfactory references and may be withdrawn in the event of a failure to receive them or if they are deemed unacceptable for the post applied for.

Current / Most Recent Employer:

Name:

Address:

Post Code:

Email Address:

Telephone Number :

Years Employed :

Second Reference:

Name:

Address:

Postcode:

Email Address:

Telephone Number:

Years Employed:

From:

To:

From:

To:

I hereby give consent for the Company to proceed with references including my current or most recent employer.

Signed: **Date:**

HEALTH SCREENING

The appointment of any post within this Company is subject to satisfactory health screening. You will therefore be asked to complete a health questionnaire if successful.

OTHER INFORMATION

If you consider yourself as having a disability, is there any support you would require arranging an interview?

Please specify:

DECLARATION

I confirm that to the best of my knowledge, the information on this completed application form is true and correct.

Yes No

I understand that omissions or false statements may disqualify me from employment or lead to dismissal.

Yes No

I have been provided with the Privacy Notice For Job Applicants and consent to the Company holding my application information for either:

- up to 9 months after the recruitment process is completed if my application is unsuccessful
- up to 6 years after employment has ended if my application is successful Yes No

Signature: Date: