



## Application form

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

*Please ensure that you have completed and returned all parts of the application form, including the separate monitoring questionnaire and declaration and consent form.*

**Post Applied For:**

### Personal details

Title: .....

**First Names:**

Address:

Post code:

**Home Telephone Number:**

**Mobile Telephone Number:**

**E-mail address:**

Are you eligible to work in the UK?

National Insurance No

**Do you hold a full UK driving Licence**

**If yes, do you have any points or past convictions**

Have you ever been convicted of a criminal offence?



Do you have any prosecutions pending?

If yes, please give details / dates of offence(s) and sentence:

**Health Declaration**

Number of days absent in the last 2 years:

Please state number of times in the last 2 years:

Are you registered disabled?

If yes please provide your disability number and details:

**Education**

Date From	Date To	Name of School	Examinations taken and Qualifications (Specify Grades)

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Please give relevant details of any training or courses you have attended (e.g. NVQ, First Aid etc):

### Employment History

Name and Address of Employer	Date From:	Date To:	Job Title / nature of business / responsibilities:	Reason for Leaving

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## References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)

### Reference 1

**Name:**

**Position Held**

**Relationship:**

**Organisation:**

**Dates Employed:**

<b>From:</b>	<b>To:</b>
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**Address:**

**Postcode**

**Telephone N<sup>o</sup>:**

**E-mail:**

### Reference 2

**Name:**

**Position Held**

**Relationship:**

**Organisation:**

**Dates Employed:**

<b>From:</b>	<b>To:</b>
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**Address:**

**Postcode**

**Telephone N<sup>o</sup>:**

**E-mail:**



## Declaration

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I confirm that the information given above is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment maybe withdrawn or employment terminated.

I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references.

I agree that Legacy Healthcare can create and maintain an electronic and paper record of my personal data and that it will be processed and stored in accordance with the Data Protection Act 1998.

Signed:

Date:

## Recruitment Monitoring

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented please COMPLETE THIS SECTION OF THE APPLICATION FORM.

### What is your Ethnic Group?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A. White

White UK

Irish

D. Black or Black British

Black Caribbean

Black African

White non-UK

Any other Black background  
(please give details):

Any other White background  
(please give details):

Black African



**B. Mixed**

White & Black Caribbean

Chinese

White & Black African

Vietnamese

White & Asian

Any other ethnic background  
(please give details):

Any other Mixed background  
(please give details):




**C. Asian or Asian British**

**I do not wish to provide this  
information**

Indian

Pakistani

Bangladeshi

Any other Asian background  
(please give details):



Gender

Male

Female

**Disability**

Disability is defined as “physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities”.

**Do you consider yourself disabled?**

**No**

If yes, please give details:

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Age Group

16-25		26-35	<input type="checkbox"/>	36-45	<input type="checkbox"/>
46-55	<input type="checkbox"/>	56-65	<input type="checkbox"/>	66-70	<input type="checkbox"/>
Over 70	<input type="checkbox"/>				

**Media**

Please state where you saw this post advertised