

Application for Employment



Bank Temporary Permanent Full-time Part-time

Reference number

Position applied for

Personal Details

Title	<input type="text"/>	Email	<input type="text"/>	
Forename	<input type="text"/>	Phone Number	<input type="text"/>	
Surname	<input type="text"/>	Do you hold a current clean driving licence?	Yes	No
Home Address	<input type="text"/>	National Insurance Number	<input type="text"/>	

Education Details

Please tell us about your education and any qualifications which you feel are relevant to the post. Please list highest qualification first.

College/University	Course	Qualification Obtained	Date Obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Immigration Status

Are you free to remain, and take up employment, in the UK with no current immigration restrictions? Yes No

Professional Registration

If applicable, please provide details of your professional registration (GMC/NMC/HCPC/GDC etc.)

PIN	<input type="text"/>	Date of registration	<input type="text"/>
Valid until	<input type="text"/>		

Have you ever been, or are you currently, the subject of any fitness to practice or professional misconduct proceedings by any Professional Body having regulatory functions e.g. NMC? This question must be answered. Yes No

If yes, please provide details on a separate sheet.



Training Details

Please list any training that you have received and provide details of any membership with Professional Bodies.
(Please continue on a separate sheet if necessary)

Educational Establishment	Training Course	Date Obtained

Employment Details

Please tell us about your current employment and previous employment.

Name of Employer	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Position Held	<input type="text"/>				
Job Duties	<input type="text"/>				
Reason for leaving	<input type="text"/>				
Salary	<input type="text"/>				

Name of Employer	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Position Held	<input type="text"/>				
Job Duties	<input type="text"/>				
Reason for leaving	<input type="text"/>				
Salary	<input type="text"/>				



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Name of Employer From To

Position Held

Job Duties

Reason for leaving

Salary

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Position Held

Job Duties

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Job Duties

Reason for leaving

Salary

Please continue on a separate sheet if necessary



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Clinical Experience

Please explain how your clinical experience within hospital settings meets the requirements of this role. Please include: overview of duties, experience across different specialities, examples of clinical skills and abilities, and relevant personal attributes.

Convictions/Offences

Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979, Kingsbridge Healthcare Group as a Provider of Healthcare is included in the list of excepted employers. As such, all criminal convictions may never be regarded as spent and must be disclosed when applying for a post in Kingsbridge Healthcare Group. It is necessary therefore, to ask the following question:

Is there any reason why you cannot work in a regulated activity? Yes No

Kingsbridge Healthcare Group recruits according to our Recruitment of Ex-Offenders Policy. Please request a copy from: stacey.mullan@kingsbridgehealthcaregroup.com



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Group



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Referees

(not relatives) at least one of whom should be your most recent employer or have knowledge of your present work and be in a supervisory/managerial capacity.

Title (Mr, Mrs,
Miss, Dr):

Name:

Occupation:

Address:

Postcode:

Phone No:

Email:

Can we
contact this
referee prior
to interview? :

Yes

No

Title (Mr, Mrs,
Miss, Dr):

Name:

Occupation:

Address:

Postcode:

Phone No:

Email:

Can we
contact this
referee prior
to interview? :

Yes

No

Personal Declaration

1. I declare that all the foregoing statements are true, complete, and accurate.
2. I understand that if I give wrong information or leave out important information I could be dismissed if I take up this position.
3. I understand that if I take up this job I must have satisfactory Access NI clearance, as per Access NI Code of Practice on www.nidirect.gov.uk/publications/accessni-code-practice, satisfactory references, health assessment and POCVA checks (if applicable).
4. I understand that I will be asked to provide formal identification and evidence of qualifications obtained.
5. I confirm that as far as I know, there are no medical reasons that would stop me from carrying out the duties of this job.
6. I agree to you making any necessary enquiries during the recruitment and selection process.
7. I understand that canvassing will disqualify me from the selection process for this job.
8. I consent to the information I have provided being used within the context of the General Data Protection Regulation 2018.

Further information on the disclosure process can be found in the 'Retention of Disclosure Information Policy' available at www.kingsbridgeprivatehospital.com/about-us/careers.

Signature

Date

Please return completed application forms to:

Human Resources Department
Kingsbridge Private Hospital North West
Church Hill House
Ballykelly, Limavady
Co.L'Derry
BT49 9HS

or email: Stacey.mullan@kingsbridgehealthcaregroup.com

If you require any special assistance, please do not hesitate to contact us.

To save changes to this form please use the following steps:

1. From the browser menu bar click the **FILE** dropdown menu.
2. Click the **PRINT** option
3. In the print dialogue box select **SAVE AS PDF** and save in desired location.

DO NOT use the SAVE or SAVE AS option as some browsers may not record the information you have entered.



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