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| **1 Application form** |
| Position applied for: |  |
| NMC No: if applicable |  |
| **2 Personal Details** |
| Surname: | First name(s): |
| Address: | Postcode: |
| Telephone: | Email: |
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| **3 Next of Kin Details:** |
| Name:Telephone: | Address: |
| Name:Telephone: | Address |
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| **4 Education & Training** |

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 **5 Qualification**

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| **Details:** |  |  |
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 **6 Employment History**

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| **Name and address of your most recent/last employer:**Job title: |  |
| Duties: |  |
| Pay: |  |
| Length of time with employer: |  |
| Reason for leaving: |  |
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| **7** Please tell us about other jobs you have done include any skills, experience and qualifications you have acquired.

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**8** Do you need a work permit to work in the Uk? **YES / NO** **9** Do you consider yourself to have a disability **YES / NO** **10** Please tell us if there are any ‘reasonable adjustments we can make to assist you in your application or with our recruitment process.

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**11** Please tell us why you apply for this job and why you think you are the best person for the job.

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**13 Safeguarding**Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence.

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| Med Onc Professionals aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Med Onc Professionals undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances. |
| Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country? **YES** / **NO** |
| Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country? **YES / NO** |

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| **14 Privacy** Med Onc Professionals will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form you consent to Med Onc Professionals holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you)*.* When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time please contact the Registered Manager or Data Protection Officer on 07916343940. |

**15 References**Please provide the name and address of two most recent employers. Please provide a character reference if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. \**No approach will be made to your present employee or past employer before an offer of employment is made to you*

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| **Ref 1:****Name:****Address:****Email:** |

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| **Ref 2:****Name:****Address:****Email:** |

**16 Declaration**

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| The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by Med Onc Professionals. Where applicable, I consent that Med Onc Professionals can seek clarification regarding professional registration details. |
| Name: | Date: |
| Signature |

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