



PRIMECARE SERVICES GROUP

APPLICATION FOR TEMPORARY EMPLOYMENT (Strictly Confidential)

Please complete in **BLACK INK** or **TYPE**. Where * appears, please delete as appropriate

Post Applied For:	Preferred Location for Work
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PERSONAL DETAILS

Title: Mr/Mrs/Ms/Miss/Dr*	Address:
Surname:	Post Code;
First Name:	Tel: Home:
Date of Birth:	Work (+ ext);
Nationality:	Mobile;
	Can we contact you at work? YES/NO*

EMPLOYMENT HISTORY

Name & Address of Present/Most Recent Employer:	Position Held:		
	Date Commenced:		
Names of Previous Employers (<i>Past 5 years</i>)	Dates:	Position:	Reason for Leaving:

EDUCATION & TRAINING

Secondary Schools/Colleges Attended	Qualifications Gained:	Dates:
University/FE Colleges Attended	Qualifications Gained:	Dates:
Please give full details with dates of any professional/clinical/vocational training or qualifications which you feel are relevant to the job for which you are applying:		
Professional Registration Details including NMC Pin Number (if applicable)		

DETAILS OF RELEVANT COURSES ATTENDED

Course Title	Where held	Dates & Duration

CAR DETAILS

(Please note that some posts and placements require the use of a car).

Do you hold a full British Driving Licence?	YES/NO*
Do you have use of a car?	YES/NO*
Would you be prepared to use your car for business purposes?	YES/NO*

WORK PERMITS

(We are required to check work permit status for all potential employees).

Do you require a work permit to work in the UK?	YES/NO*
If you currently hold a work permit, what is the expiry date?	

REFEREES

Please give the names, address and contact telephone numbers of 2 people from whom reference may be obtained, one of whom must be your present or most recent employer.

Name:	Name:
Position:	Position:
Address:	Address:
Tel No:	Tel No:

Please note that we will request for reference only if you are offered an interview. If there is any reason why we should not do so, please state this.

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 Exemption Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of this Act, and in the event of employment, any failure to disclose such convictions could result in disciplinary action on behalf of Focus on Care

In accordance with Department of Health guidance on the protection of children, (DOH circular 88/9) all applicants appointed to the posts involving substantial access to children will automatically be subject to a police records check. Do you agree that such checks may be made concerning you if required? Please answer YES/NO.

Have you ever been convicted of a criminal offence, or been made subject to any Order, civil or criminal, made by a Court of Law, involving offences against the person, children, or the handling of money? YES/NO*

If yes, please give details in a separate envelope and return it with your completed form. Any information will be confidential and will only be considered in relation to an application for a position to which the Order applies. Disclosure of information will not automatically exclude you from registration with Focus on Care Recruitment.

DECLARATION

I understand that if I am offered this appointment, it will be subject to the information on this form being correct to the best of my knowledge. I am aware that any information falsely given will amount to gross misconduct and could lead to dismissal. The appointment, if offered, will be subject to satisfactory medical screening, references and police checks (if applicable). I declare that the information given on this form is correct and that I have not knowingly withheld any information which is relevant to this application.

SIGNED: _____

DATE: _____

FOR INTERVIEWER USE ONLY

General comments on candidate

Other comments

	1	2	3	4	5		1	2	3	4	5
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

SIGNED: _____

DATE: _____