



## QUALIFICATIONS YOU ARE CURRENTLY STUDYING FOR

Qualification	Level/part/other details	Date you expect to complete

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## PROFESSIONAL MEMBERSHIP

Organisation	Registration number/level	Expiry/renewal date

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## DETAILS ABOUT YOUR CURRENT JOB

Name and address of current employer

	Job title
	Date you started
	Current grade
	Current salary
	Period of notice
	Reason for leaving

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Please give a brief summary of the main duties of your current job

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## WORK PERMITS AND VISAS

	Yes	No	Don't know
Do you need a work permit to work in the United Kingdom?			

If you currently hold a work permit or visa, please give details including its type and expiry date:

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## DECLARATION

Have you been bound over, convicted or charged with a criminal offence, received a police caution, final warning or reprimand, or are you currently the subject of any police investigation whether in the UK or any other country? (please tick)

Yes  No

If yes, please provide full details, including the approximate date, the authority and the country concerned.

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Note: many posts in the NHS, especially those involving patient contact, are exempt from the Rehabilitation of Offenders Act 1974. You must therefore declare all prosecutions or convictions, including those considered "spent" under this Act.

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Have you been disqualified from the practice of a profession, required to practise it subject to specified limitations, or are you currently the subject of fitness to practise investigations or proceedings by a regulatory body in the UK or any other country? (please tick)

Yes  No

If yes, please provide full details including the approximate date, the name and address of the regulatory body and the country concerned.

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Note: any information you supply in respect of the above two questions will be treated as confidential and will not necessarily prevent you from being considered for the post for which you have applied.

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I have not inappropriately canvassed any member of staff within the Trust or any member of the Board of the Trust with regard to this application.

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I understand that the appointment, if offered, is subject to health clearance and, if appropriate, confirmation of qualifications and/or professional registration.

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I certify that the information given on this form is correct and understand that any misleading information or deliberate omissions will be regarded as grounds for withdrawal of an offer or, if appointed, subsequent disciplinary action which could lead to dismissal.

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I accept that records will be kept of this application and if I am successful records will be kept during and after my appointment.

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SIGNATURE

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PRINT NAME

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DATE

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**Please ensure your completed application form reaches Hospital Recruitment International Ltd. Either by post or email.**

Hospital Recruitment International Ltd.

**Head Office:**

Rowlandson House, 289/293 Ballards Lane,  
Finchley, London N12 8NP, England

**T** 0044 20 8343 8551 **F** 0044 20 8446 1963 **M** 0044 7977 403248

**The information in this application form will be held in strictest confidence and in accordance with the Data Protection Act.**