**Post Title:**

**Location:**

**Full Time Part Time Banking**

**Personal Details**

**Title: Forename(s): Surname:**

**Address:**

**Post Code:**

**Contact Details**

**Email address:**

**Telephone:**

**NMC PIN no: NISCC membership no:**

**Are there any restrictions on your NMC PIN number and therefore to you practising as a nurse?**

**National Insurance No: Wage / Salary Required:**

Are there any restrictions on you taking up employment in the UK?

**YES or NO**

**If YES, please provide details:**

**Are there any restrictions on you taking employment with vulnerable adults?**

**YES or NO**

**If YES, please provide details:**

**REFERENCES**

**Please provide names and addresses of 2 referees, one of which must be current and 2nd most recent employer (if possible) and who are not related to you, who we can contact about your suitability for the role.**

**Name: Name:**

**Position: Position:**

**Tele No: Tele No:**

**Email: Email:**

**Employment History**

**Please give details of all jobs held, including part-time and unpaid work, from leaving full-time education. Start with your most recent or current employer. Include details of any periods of unemployment.**

**Employer (Name & Full Address) Dates (mths & Years) Job Title and Key Duties Reason for Leaving**

**Gaps in Employment**

**Please give details of gaps in employment:**

**Education, Technical and Professional Qualifications**

**Please give details of all educational establishments that you have attended, and qualifications achieved, starting with current/most recent. Please also include any professional bodies that you are a member of and level of membership.**

**Please bring original certificates if successful for interview.**

**Establishment (name and full address) Dates Attended Subject(s) / Grade / Level**

**Personal Development**

**Please give details of any memberships, voluntary work, hobbies or interests that may have relevance to the role**

**you have applied for:**

**Criminal Records Checks**

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 5(2) of Rehabilitation of Offenders (NI) Order 1078, by virtue of the Rehabilitation of Offenders (Exceptions) Order (NI)1979, this means that all spent convictions must be disclosed and will be taken into account in deciding whether to make any appointment. Having a criminal record will not necessarily bar an applicant from working for us.

Do you consent to us obtaining all necessary information in connection with this application for employment?

**YES or NO**

**Have you ever been convicted of a criminal offence?**

**YES or NO**

**If Yes, please provide details of date(s), offence(s) and sentence(s) passed:**

**Declaration by Applicant**

I confirm that all of the information I have provided is correct.

I understand that any false information or deliberate omissions disqualify me from employment or may render me liable to dismissal.

Date:

**Model Fair Employment Monitoring Questionnaire**

**Private & Confidential**

**Introduction:**

We are an Equal Opportunities Employer. We do not discriminate against our job applicants or employees and we aim to select the best person for the job. We monitor the community background and sex of our job applicants and employees in order to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the *Fair Employment & Treatment (NI) Order 1998*.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer the se questions. Your answers will be used by us to prepare and submit a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us:

Community Background:

Regardless of whether they actually practice a religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities:

|  |
| --- |
| I am a member of the Protestant community  I am a member of the Roman Catholic community  I am a member of neither the Protestant nor Roman Catholic community |

**Sex: Please indicate your sex by ticking the appropriate box below:**

|  |
| --- |
| Female  Male |

If you choose not to complete this questionnaire, we are encouraged to use the “residuary” method, which means that we can make a decision on the basis of personal information on your file/application form.

If we determine your community background using the residuary method, you will be informed of the decision and given the opportunity to feedback on any inaccuracies.

Note: if you answer this questionnaire you are obliged to do so truthfully as it is a criminal offence under the *Fair Employment (Monitoring) Regulations (NI) 1999* to knowingly give false answers to these questions.

**DECLARATION OF HEALTH – CONFIDENTIAL**

1. Have you had, or do you suffer from any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | If yes, please give details |
| **Epilepsy** |  |  |  |
| **Tuberculosis, Measles, Mumps or Rubella** |  |  |  |
| **Rheumatic Fever** |  |  |  |
| **Disabling Headache** |  |  |  |
| **Fainting Attacks** |  |  |  |
| **Diabetes** |  |  |  |
| **Kidney Infections** |  |  |  |
| **Asthma** |  |  |  |
| **Postural Deformity (e.g flat feet, back trouble, sclerosis, inability to bend knees)** |  |  |  |
| **Drug Addiction** |  |  |  |
| **Mental Illness** |  |  |  |
| **Hearing Defects** |  |  |  |
| **Sight Defects** |  |  |  |
| **Are you physically fit for all manual handling tasks, if no please give details** |  |  |  |
| **Have you been vaccinated/immunised in the past 5 years, if yes please state what for** |  |  |  |

**What other previous illness or injury have you had? (If any operations, please give details.**

**Names & Address of Family Doctor**

**Data Protection:** The information you provide will be used by the Company for the purpose of assessing your fitness for work only and will remain on your file for the duration of your employment. Information provided will be kept confidential.

**DECLARATION:**

I DECLARE THAT THE INFORMATION GIVEN ON THIS DOCUMENT IS, TO THE BEST OF MY KNOWLEDGE, A TRUE AND COMPLETE ACCOUNT OF MY MEDICAL HISTORY AND THAT FAILURE TO DISCLOSE DETAILS OF MY MEDICAL HISTORY MAY PEJUDICE CONTINUED EMPLOYMENT WITH THE COMPANY.

I ALSO DECLARE THAT I HAVE READ AND UNDERSTAND THE IMMUNISATION SECTION OF THE RECRUITMENT POLICY AND I AM AWARE THAT IT IS IN MY BEST INTEREST TO SEEK IMMUNISATION FROM HEPATITIS A, B AND C. I WILL THEREFORE NOT HOLD THE COMPANY LIABLE SHOULD AN INJURY OCCUR THAT SUBSEQUENTLY RESULTS IN ME CONTRACTING ONE OF THE AFOREMENTIONED BLOOD BORN DISEASES.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screened by (MANAGER: print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action taken where necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_