

North West Private Ambulance Liaison Services

JOB APPLICATION FORM

PERSONAL DETAILS	
Name in full	\known by (1 st name)
Maiden name (optional)	
Previous married name/s (optional)	
NI Number	Miss / Mr. / Mrs. / Ms.

Address		Postcode
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Email Address

Telephone	Home	Mobile
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Professional Indemnity Insurance (i.e. Union)
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Company Name	Policy / membership No.
Expiry Date	Proof of insurance must be provided i.e. Insurance document

Education

Please provide us with all details of school, College and University Qualifications Obtained

Examination Subject (e.g. English)	Qualification obtained (e.g. GCSE, A Level or other)	Grade/ level	Date

College / University

Examination Subject	Qualification obtained (e.g. BTEC, NVQ, or other)	Grade / level	Date

Human Resources

NWPALS

Unit E, Middlegate, White Lund Ind Estate, Morecambe, LA3 3BN

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Course/Training

Please indicate the dates of training for the following courses (if completed)

Course	Date	Course	Date
Moving & Handling People		Health and Safety	
Basic life support / CPR		Food and Hygiene	
Infection Control & COSHH		Abuse training	
Fire Training		SOVA	

Employment History

Please give details of all your employment for the last five years. Begin with your most recent employer first. All gaps in employment must be accounted for

Name and address of Employer	Position/s held & duties performed	From	To	Reasons for leaving

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References

Please give the names and addresses of at least 2 referees, one of which MUST include your present or most recent employer.

May we approach your referees immediately? (Please indicate) Yes / No

Name	Referee's job title
Address	How long have you known this person and in what capacity
Postcode	
Telephone	
Name	Referee's job title
Address	How long have you known this person and in what capacity
Postcode	
Telephone	

Do you hold a current driving license? Yes No

Do you currently have the use of transport? Yes No

When are you available to start work? _____

Do you have any holidays booked? Dates _____

Rehabilitation of Offenders Act 1974

This post is exempt from the provision of the Rehabilitation of Offenders Act 1974 and section 2(2) of the Rehabilitation of Offenders Act (Exemptions) Order 1975 in order to protect the public. Your answer to the following questions concerning convictions that would otherwise be considered "spent" & "unspent" must therefore include such convictions. Any information will be kept in the confidence and only used in considering suitability for the position. It may or may not affect your application. The Care Standards Act 2000 REQUIRES all applicants to register with the criminal Records Bureau (CRB), to protect children and vulnerable adults.

Have you ever been convicted of a criminal offence, or are you currently the subject of any police investigations in the UK or abroad? If YES please give details on a separate sheet. **YES / NO**
Are you currently the subject of any investigation / proceedings by any regulatory body in relation to health / social care in the UK or abroad? If YES please give details on a separate sheet. **YES / NO**

DECLARATION

I confirm the information I have given in this application form is complete and accurate in all respects to the best of my knowledge.

I understand that knowingly giving false information will disqualify me from registration with North West Private Ambulance Liaison Services Ltd. I further understand and accept that if any of the information given in this document is incorrect or untrue, that N.W.P.A.L.S Ltd reserves the right to immediately terminate my employment with them.

I consent to my personal data, C.V. and other information for identification purposes being forwarded to

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clients / service users and all regulatory bodies necessary.

Signed _____ Date _____

Name _____

NMC PIN No (If applicable) Confirmation _____ Expiry date _____

Equal opportunities form

(Optional information to be detached from main Application form)

N.W.P.A.L.S. Ltd endeavor to be an equal Opportunities Employer and will therefore select staff on the basis of merit and ability to do the job, irrespective of Age, Sex, Race, Color, Nationality, Ethnic or National Origin, Sexual Orientation, Religion, Disability, Marital status, Family Situation, or Background. In order to monitor the effectiveness of our equal opportunities Policy we request that all applicants would kindly complete the form below - answering all questions. In accordance with the Data Protection Act 1998, the answers you provide will only be used for Equality Monitoring purposes. All information received will be held in the strictest confidence.

Please tick the relevant box in each section

Please confirm your gender.	Female <input type="checkbox"/>	Male <input type="checkbox"/>
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Please indicate your age group	16 - 25 <input type="checkbox"/>	26 - 35 <input type="checkbox"/>	36 - 50 <input type="checkbox"/>	50+ <input type="checkbox"/>
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What is your ethnic group? Local Authorities (for whom much of our work is done) are required to monitor the ethnic origin of their workforce. These categories are recommended by the Commission for Racial Equality (CRE) and have been used in the recent population census.

White	British	A	<input type="checkbox"/>
	Irish	B	<input type="checkbox"/>
	Other (please say)	C	<input type="checkbox"/>
Mixed	White / Black Caribbean	D	<input type="checkbox"/>
	White /Black African	E	<input type="checkbox"/>
	White / Asian	F	<input type="checkbox"/>
	Other (Please specify)	G	<input type="checkbox"/>
Asian or Asian-British	Indian	H	<input type="checkbox"/>
	Pakistani	I	<input type="checkbox"/>
	Bangladeshi	J	<input type="checkbox"/>
	Other Asian (please specify)	K	<input type="checkbox"/>
Black or Black British	Caribbean	L	<input type="checkbox"/>
	African	M	<input type="checkbox"/>
	Other (please say)	N	<input type="checkbox"/>
Chinese	Chinese	O	<input type="checkbox"/>
Any other ethnic group	Other (please specify)	P	<input type="checkbox"/>

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Do you have a disability? No Yes (If yes, please complete the attached form) I do not wish to identify:

The Disability Discrimination Act (DDA) 1995 makes it unlawful to discriminate against current or prospective employees. N.W.P.A.L.S Ltd will make reasonable adjustments to ensure that a disabled person is not placed at a substantial disadvantage. Definition of a disability under the DDA, - "A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities".

Religion or Belief: None Bahia Buddhist Christian Hindu
Sikh Other Muslim Jewish Other
Jain Prefer not to say

Sexual Orientation: Bisexual Gay Woman/Lesbian Gay Man
Heterosexual Prefer not to say

Position Applied for _____
Print Name _____
Signature _____
Date of Birth _____

Date ____/____/____