



Request to join Santa Pod Medical Services (SPMS)



Roll in team applying for:

Closing Date:

Interview Date:

Complete this form fully using black ink.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:

Daytime Telephone N^o:

Mobile Telephone N^o:

National Insurance N^o:

E-mail address:

Can we contact you at work? Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Driving License

Do you hold a full, clean driving license valid in the UK? Yes No

Does your licence include C1 category? Yes No

Does your licence include Blue Light D1 + D2 category? Yes No

If you are successful you will be required to provide relevant evidence of the above details prior to joining the team.

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer or if self-employed write company name and address)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector. If self-employed state year company started to trade as well as company name.

Name of Employer:

Address:

Postcode

Position Held:

From:

To:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

From:

To:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

From:

To:

Summary of duties:

Reason for leaving:

Section 4

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

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Continue on a separate sheet if necessary

Section 5

Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

The post you are applying for, unless otherwise stated, is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. You are therefore, required to disclose here any convictions (including 'spent' convictions) for criminal offences brought against you and any pending court action.

Have you at ANY time been convicted of an offence, spent or unspent? Yes No

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check.

Enhanced Checks

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

If yes, please give details:

Section 10 References

Please give the names and addresses of four referees (two of which **MUST** be your most recent employers). If you are unable to do this, please clearly outline who your referees are. Reference 3 & 4 will only be used should we be unable to contact references 1 or 2.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone Nº:	<input type="text"/>	Telephone Nº:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? **Yes** **No**

Are you willing for this referee to be approached prior to the interview? **Yes** **No**

HR ONLY: (Circle and complete relevant boxes)			
Application Checked:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	By whom: <input type="text"/>
Interview:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Interview Date: <input type="text"/>
Action Taken:	Continue Application <input type="checkbox"/>		Hold Application <input type="checkbox"/> Withdraw Application <input type="checkbox"/>
Signed: <input type="text"/>			Date: <input type="text"/>

Section 11 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Roll in team applied for in SPMS:

SPMS wants to ensure that all applicants are treated equally whatever their race, colour or ethnic origin. To do this we need to know about the ethnic origin of people who apply to join us. These categories were used in the 2011 Census and are listed alphabetically. Which groups do you most identify with?

Please mark 'X' in only ONE box in column A and only ONE box in column B

COLUMN A

COLUMN B

- (A) British or Mixed British
 - (B) English
 - (C) Irish
 - (D) Scottish
 - (E) Welsh
 - (F) Any other? (please specify)
-

ASIAN

- (A) Bangladeshi
 - (B) Indian
 - (C) Pakistani
 - (D) Any other Asian background (please specify)
-

BLACK

- (E) African
 - (F) Caribbean
 - (G) Any other Black background (please specify)
-

CHINESE

- (H) Any Chinese background (please specify)
-

MIXED ETHNIC BACKGROUND

- (I) Asian and White
 - (J) Black African and White
 - (K) Black Caribbean and White
 - (L) Any other Mixed ethnic background (please specify)
-

WHITE

- (M) Any Other White background (please specify)
-

ANY OTHER ETHNIC BACKGROUND

- (N) Any other ethnic background (please specify)

Section 11 Recruitment Monitoring Form continued

Gender

Male

Female

Sexual Orientation

SPMS wants to ensure that all applicants are treated equally whatever their sexual orientation. To do this we need to know about the sexual orientation of people who apply to join us. We would therefore be grateful if you would complete the following question. Your answer will be treated in the strictest confidence and will not affect your job application in any way.

Which group do you most identify with? The options are listed alphabetical order.

Please mark 'X' in **one** box only:

Bi-Sexual

Gay woman/lesbian

Gay man

Heterosexual/straight

Other

Prefer not to say

Religion or Belief

What is your religion or belief (including non-belief)? Please mark 'X' in the box below as appropriate.

Agnostic

Atheist

Bahá'í

Buddhist

Christian – Catholic

Christian – Protestant

Christian – Other

Hindu

Humanism

Jainism

Jewish

Muslim

Pagan

Sikh

Rastafarian

Scientologist

Shinto

Zoroastrian

No religion or belief

Prefer not to say

Any other religion or belief

Please specify below, if you wish.

Disability

Disability is defined as “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”.

Do you consider yourself disabled? Yes No

If yes, please give details:

Age Group

16-21	<input type="checkbox"/>	21-35	<input type="checkbox"/>	36-45	<input type="checkbox"/>
46-55	<input type="checkbox"/>	56-65	<input type="checkbox"/>	66-70	<input type="checkbox"/>
Over 70	<input type="checkbox"/>				

Media

Please state how you found out about the team posts:

Section 12 Declaration

A. Relatives/Other Interests

Any candidate who directly or indirectly canvasses a member of SPMS Staff will be disqualified from consideration for the job. The Company does not bind itself to appoint any applicant.

Are you related to or do you have a close personal relationship with an SPMS member of staff.

Yes No

If yes, specify name(s), position(s) and relationship(s)

If invited to join the team, do you have any interests or hold any appointments that may conflict with working in the role for which you have applied?

Yes No

If yes, please detail on a separate sheet.

B. Statement to be Signed by the Applicant

SPMS is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your request to join the team will not be considered.

I agree that SPMS may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if selected, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:

Date:

(NB. Team members selected for interview will normally be notified within three weeks. Unfortunately applicants who do not hear from SPMS must conclude that their request has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please contact mca@santapod.com.

SPMS undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

RETURNING THIS FORM



By Hand or Post:

FAO: Santa Pod Medical Services
Santa Pod Raceway
Airfield Road
Podington
Wellingborough
Northamptonshire
NN29 7XA

By E-Mail:

jim@santapod.com

Enquiries:

Telephone: 01234 782828