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| **Royale Healthcare Private Limited****227** **Finney Lane,** **Room 3 First Floor,****Heald Green,****SK8 3PX****Phone-*07988 715721*** | **Application for Employment** |
| **Email -****info@royalehealthcare.net** |

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| **Please submit a CV with this application form. The form is as comprehensive as practical but if in any sections you feel you do not have adequate space to respond please attach additional sheets.**  |
|  |
| Application for the post of: |  |
|  |
| Based at: | **Royale Healthcare Private Limited** |
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|  |
| **1** | **PERSONAL INFORMATION** |
|  |  |
|  | Title: |  | Mr Mrs Miss Ms Other |
|  |  |  |  |
|  | Forename(s) in full: |  |
|  |  |
|  | Surname: | Date of Birth: |
|  |  |
|  | Home Address: |  |
|  |  |
|  |  |
|  |  |
|  |  | Postcode: |  |
|  |  |
|  |  |
|  | Home Telephone Number with Code: |  |
|  |  |
|  | Work Telephone Number with Code: |  |
|  |  |
|  | Mobile Telephone Number: |  |
|  |  |
|  | Email Address: |  |
|  |  |
|  | Have you any restrictions on your right to work in the UK? | Yes |  | No |  |  |
|  |  |
|  | If YES please give details: |
| **2** | **PRESENT OR MOST RECENT EMPLOYMENT** |
|  |  |
|  | Job Title: |  |
|  |  |
|  | Employer’s name and address: |  | Date Commenced: |  |
|  |  |  | Present Salary: |  |
|  |  |  | Length of notice required: |  |
|  |  |  | Reason for wishing to leave: |  |
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|  | Please describe the duties and responsibilities of your present / most recent job. Indicate to whom you are / were responsible and those responsible to you. |
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|  |  Continue on a separate sheet if necessary |
| **3** | **PREVIOUS EMPLOYMENT** |
|  | Most recent first |
|  |  |
|  | Employer’s name and address | Position held | Dates from | Dates to | Reason for leaving |
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|  |  |  | Continue on a separate sheet if necessary |
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| **4** | **SKILLS / KNOWLEDGE AND EXPERIENCE** |
|  | Please demonstrate your ability to meet the requirements of the job by giving clear, concise examples of each criterion on the person specification. You may use relevant examples from paid or voluntary work or other voluntary work or activities outside employment. |
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|  | Continue on a separate sheet if necessary |

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| **5** | **EDUCATION / QUALIFICATIONS** |
|  | Please include academic, vocational and professional qualifications and awards – most recent first. |
|  |  |
|  | Full time orPart time | Educational establishment | Exams takenor to be taken | Grades attained |
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|  |  | Continue on a separate sheet if necessary |
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|  | Professional body: |  |  |
|  |  |
|  | Membership Status: |  | Date of expiry: |  |  |
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| **6** | **TRAINING** |
|  | Please give details of training received or courses attended which you consider relevant to your application. |
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|  | Continue on a separate sheet if necessary |

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| **7** | **REFERENCES** |
|  |  |
|  | First Referee(Current or most recent employer) |  | Second Referee(Previous employer) |
|  | Name: |  |  | Name: |  |
|  | Address: |  |  | Address: |  |
|  |  |  |  |
|  |  |  |  |
|  |  |
|  | Post Code: |  |  | Post Code: |  |
|  | Telephone Number: |  |  | Telephone Number: |  |
|  | Fax Number: |  |  | Fax Number: |  |
|  | Email address: |  |  | Email address: |  |
|  | Position/Job title: |  |  | Position/Job title: |  |
|  |  |
|  | N.B. Family or friends are not acceptable as referees. Please see notes at back of form. |

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| **8** | **DISABILITIES** – Royale Healthcareis positive about disability and uses this information to help |
| guarantee interviews to disabled applicants who meet the essential criterion. |
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|  | Do you have any disabilities which we should be aware of? | Yes |  | No |  |  |
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|  | If yes, please describe any special arrangements you may require to enable you to attend/undertake tests or the interview? |
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| **9** | **CONVICTIONS** |
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|  | Have you ever been cautioned of a criminal offence? | Yes |  | No |  |  |
|  | Have you ever been convicted of a criminal offence? | Yes |  | No |  |  |
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|  | If yes please give details: |  |
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|  | **SAFEGUARDING** |
|  | Have you ever been the subject of a safeguarding enquiry? | Yes |  | No |  |  |
|  | Are you, or have you previously, ever been included on the  |
|  | ISA Adult Barred List? | Yes |  | No |  |  |
|  |  |
|  | If yes please give details: |  |
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| **10** | **CLOSE RELATIVES**  |
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|  | Are you, to your knowledge, related to any existing employee, Yes No |
|  | If yes please give details: |
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| **11** | **OTHER INFORMATION**  |
|  | Where did you see this post advertised? |
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| **12** | **DECLARATION** |
|  | I declare that all the information I have given on this application form is true to the best of my knowledge and belief. I understand that my application will be subject to compliance with the Asylum and Immigration Act. I declare that by completing and submitting this application form I hereby give express consent for Royale Healthcare Private Limited to process these details as appropriate for my application. |
|  | Signature: |  | Date: |  |
|  |