



IH Sterile Services Application Form

PERSONAL DETAILS

Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Application for the post of	
Surname	Forename(s)	Nationality
Address		Post Code
Telephone Number (Home)		Telephone Number (Work)
Email Address		Telephone Number (Mobile)

EDUCATION AND TRAINING

SCHOOLS ATTENDED General Education	FROM	TO	QUALIFICATIONS / EQUIVALENT (State subjects and levels)	YEAR/S OBTAINED
UNIVERSITY/ COLLEGE / INSTITUTE / TRAINING CENTRE	FROM	TO	QUALIFICATIONS/COURSES	YEAR/S OBTAINED

If your application is successful, you may be asked to provide the originals of these certificates for inspection

CURRENT STUDIES	FROM	TO	EXAMINATION DATES

ADDITIONAL TRAINING - details of any specialist training not covered above

CURRENT OR MOST RECENT EMPLOYMENT

Post held	Date appointed
Location	Date left
Reason for leaving (where applicable)	
Employer's name and address	

PREVIOUS EMPLOYMENT over last 10 years

POST HELD	NAME AND ADDRESS OF EMPLOYER	FROM	TO	REASON FOR LEAVING / CHANGE

ASYLUM & IMMIGRATION ACT 1996

Do you have evidence of your entitlement to live and work in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/> E.g. British citizen passport, Birth certificate issued in UK or Republic of Ireland, European Economic Area Passport/ID documentation,	
Do you require a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of expiry of permit held

WORKING TIME REGULATIONS

If you are successful in this application, will you continue to work for another employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, how many hours a week will you work for the other employer?

DISABILITY DISCRIMINATION ACTION – This information will be used to ensure appropriate support and access is arranged if you are short-listed and for no other purpose.

Do you regard yourself as a disabled person?

YES NO

If yes, are there any adjustments we could consider during the recruitment process, or for the job itself, which might be helpful to you?

SUPPORTING INFORMATION

In support of your application, you are invited to give a concise account of your experience and say why you think you should be considered for the post. (If completing by hand or in type, continue on a separate sheet if necessary.)

Please indicate below your sickness record over the last 2 years:

Number of occasions:

Number of days sick:

REFERENCES

Please give the names and addresses of two referees; one should be your present or most recent employer. Relatives of the applicant may <u>NOT</u> give references.	
This referee will be automatically approached if you are short listed for interview, unless you indicate otherwise here <input type="checkbox"/> NO	This referee will be automatically approached if you are short listed for interview, unless you indicate otherwise here <input type="checkbox"/> NO
1 Name	2 Name
Position / Capacity in which you know this person	Position / Capacity in which you know this person
Address Post Code	Address Post Code
Email Address	Email Address
Telephone No	Telephone No

REHABILITATION OF OFFENDERS ACT

This post is NOT protected by the Rehabilitation of Offenders Act 1974. You are therefore required to disclose information about ALL convictions in a court of law, no matter when they occurred, or if they led to a conditional discharge. In the event of employment, failure to disclose all previous convictions will result in dismissal. All information will be treated in confidence and will only be taken into account when absolutely necessary.
Have you ever been convicted in a court of law? YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please provide full details in the space below, or under separate cover.

I declare to the best of my knowledge, the information given above is correct. If appointed, I understand that deliberate omissions or canvassing of panel members in connection with this application, could render me liable to dismissal.	
Signed:	Date: