

**APPLICATION FORM**

**1.**

|  |  |
| --- | --- |
| Position applied for |  |
| Date available to take up employment |  |

1. **Personal details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name  (Including Tittle) |  |  | | |
| Address |  |  | | |
| Telephone numbers | Home |  | | |
| Mobile |  | | |
| Email address |  |  | | |
| NI Number |  |  | | |
| Do you own a car? |  |  | Have a current licence? |  |
| If yes, licence type |  |  | | |
| Driving licence number |  |  | | |
| Do you have any current driving convictions | YES / NO | If yes, give details including dates | | |
|  | | |

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1. **Languages**

|  |  |
| --- | --- |
| Do you speak or read a foreign language? | YES / NO |
| If yes, give details |  |

1. **Secondary education**

|  |  |
| --- | --- |
| School name and address | Examinations (subject, result, etc.) |
|  |  |
|  |  |
|  |  |

1. **Further education and training**

|  |  |  |  |
| --- | --- | --- | --- |
| University/College | Type of course | Subjects | Qualification or class of degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Occupational qualifications**

|  |  |
| --- | --- |
| College/Institute or other name | Qualification/Level |
|  |  |
|  |  |
|  |  |

1. **Membership of professional body/ REGISTRATION / PIN NUMBER**

|  |  |
| --- | --- |
| Name | Level |
| . |  |
|  |  |
|  |  |

1. **Previous employment**

A full work history is required explaining any gaps in employment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Present/last employer |  |  | |  |
| Address |  |  | |  |
| Job title |  |  | |  |
| Duties/responsibilities |  |  | |  |
| Reason for leaving |  |  | |  |
| Employers name & address | Job title | From | To | Reason for leaving |
| *(month & year)* | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Permission to work in the UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? |  |
| If you are successful in your application would you require permission to work in the UK? |  |

1. **Next of kin**

|  |  |
| --- | --- |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |

1. **Referees**

|  |  |
| --- | --- |
| Work reference 1 (most recent employer) – not members of your own family | |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work reference 2 – not members of your own family | |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |

**The Data Protection Act 1998** requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, at Avidity Linx we adopt a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Avidity Linx.

Please tick to show your agreement to this.

|  |  |
| --- | --- |
| Date of previous application |  |
| Previous position applied for |  |
| Did the application go through to interview | YES / NO |
| If yes, what was the outcome |  |

**Criminal Record Check**

I have completed an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name…………………………………………………………………...

Signature……………………………………………………………Date……………………………

**Working with** Avidity Linx

It is our policy at Avidity Linx to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise Avidity Linx to obtain references to support this application once an offer has been made and accepted and release Avidity Linx and referees from any liability caused by giving and receiving information.

**DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name…………………………………………………………………...

Signature…………………………………………………………………Date……………………………

Please complete the additional form: equal opportunities monitoring form

*You are under no obligation to complete the above mentioned additional form*

Thank you for completing the application form. Please return this document to:

Avidity Linx Ltd

Studio 3.21, Chester House,

Kennington Park,

1-3 Brixton Road

SW9 6DE

Alternatively you may email the completed application form to: recruitment@aviditylinx.com If you need to discuss any questions within this application form please contact Avidity Linx on **02036090110/ 02031760568**

**Employee Consent Form**

**I confirm that my information can be shared with clients of Avidity Linx Ltd and can be used for the payment of duties I carried out.**

**I agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer up to 3 months’ notice in writing to end this agreement. Yes☐ No☐**

**Name…………………………………………………………………...**

**Signature………………………Date……………………………**

**Health Assessment Questionnaire**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you had any medical problem in the past that has prevented you from working at night? |  |  |
| Are you diabetic? |  |  |
| Are you subject to angina, or other heart problems that may affect your fitness? |  |  |
| Have you had duodenal or stomach ulcers in the past, or are you under treatment for those at present? |  |  |
| Have you had any continuing bowel problem, for instance following major surgery? |  |  |
| Do you have any chronic chest problem such as asthma, emphysema or bronchiectasis? |  |  |
| Do you have any disability affecting mobility that will cause difficulties in arranging night work? |  |  |
| Do you have any recurrent or continuing sleep disturbance requiring medical advice? |  |  |
| Are you having specialist care requiring your attendance at hospital clinics for treatment? |  |  |
| Do you have any other health problem that affects your fitness for night work? |  |  |
| Are you taking any medication to a strict timetable? |  |  |
| Please give the names of any prescribed medications that you take regularly: |  |  |
| Please give any further details that you would like to bring to our attention. |  |  |

Name……………………………

Signature ………………Date………………

**Candidate Checklist**

* **DOCUMENT/PROOF OF ID** Work permit/visa verification  
   Passport copy  
   NI  
   DBS  
   Overseas police check  
   CV updated
* **TRAINING AND QUALIFICATION** Annual Mandatory training
* **VICCINATION AND IMMUNISATION** Hepatitis B  
   MMR (measles, Mumps and rubella)  
   Tuberculosis (TB Scar/Manteaux test)  
   Varicella  
   Hepatitis B (EPP if applicable)  
   Hepatitis C (EPP if applicable)  
   HIV (EPP if applicable)  
   Occupational Health Clearance form
* **FOR RGN ONLY** Pin verification  
   Professional qualifications verified