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APPLICATION FORM

**THE MARILLAC NEUROLOGICAL CARE CENTRE**

Application Instructions

Thank you for considering job opportunities with the Marillac Neurological Care Centre. Please complete all applicable sections on this form to the best of your ability and return to [recruitment@marillac.co.uk](mailto:recruitment@marillac.co.uk).

Please feel free to contact us should you have any questions.

**1. APPLICATION FOR EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Role: | Click or tap here to enter text. | Where did you learn of this role? | Click or tap here to enter text. |

**2. PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: | Click or tap here to enter text. | | | |
| Forename/s: | Click or tap here to enter text. | | | |
| Title: | Choose an item. | Date of Birth (optional): | | Click or tap to enter a date. |
| National Insurance No. (UK): | Click or tap here to enter text. | Tel No (Home): | | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. | Tel No (Mobile): | | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | | | |
| Postcode: | Click or tap here to enter text. | | | |
| Nationality: | Click or tap here to enter text. | If you are not a British passport holder, or you do not have the permanent right to remain in the UK, you will require a work permit. | | |
| **Please complete questions 16-18 if you are NOT a British Passport Holder:** | | | | |
| 16. Do you have a current work permit to be employed in the UK? | | | Yes  No | |
| 17. If you already have a UK work permit, when does it expire? | | | Click or tap to enter a date. | |
| 18. Do you have your IELTs (International English Language Testing System) qualification?  (Eligibility for Tier 2 sponsorship requires IELTs as well as, having the relevant and necessary qualifications for a ‘skilled worker visa’) | | | Yes  Awaiting Results/Test is booked  No | |

**3. AVAILABILITY**

Please indicate the type of employment you are seeking or availability that you currently can commit to for this role. Please tick all if there is no preference.

|  |  |
| --- | --- |
| Preferred Type of Employment: | Full Time  Part Time  Bank  Flexible Hours |
| Day or Night Shifts? | Days  Nights |
| Comments regarding availability ie. total hours looking for (Maximum 37.5 hours per week) | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Include in this section all relevant qualifications. Please also mention anything you are currently studying for.  **4. EDUCATION & PROFESSIONAL QUALIFICATIONS** | | | |
| *Subject/Qualification* | *Place of Study* | *Grade/Result* | *Year/s* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**5. TRAINING COURSES ATTENDED**

|  |  |  |  |
| --- | --- | --- | --- |
| Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking. | | | |
| *Subject/Qualification* | *Place of Study* | *Grade/Result* | *Year/s* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**If professional registration is not required for the role you are applying for then please move to section 7.**

**6. MEMBERSHIP OF PROFESSIONAL BODIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you are registered to a Professional Body ie. NMC/HCPC then please enter the relevant details below. | | | | |
| *Professional Body* | *Membership or Registration Type* | *Membership/Registration/PIN* | | *Expiry/Renewal Date* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| If you are applying for a post that requires professional registration, you are required to provide the following information: | | | | |
| Are you currently the subject of a fitness to practice investigation or proceedings by a licencing or regulatory body in the UK or in any other country? | | | Yes  No | |
| Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licencing or regulatory body in the UK or in any other country? | | | Yes  No | |

**7. CURRENT EMPLOYMENT**

Please record below the details of your current or most recent employer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name | Click or tap here to enter text. | | | |
| Job Title | Click or tap here to enter text. | Type of Business | | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | | |
| Start Date | Click or tap to enter a date. | | End Date (if applicable) | Click or tap to enter a date. |
| Salary/Grade | Click or tap here to enter text. | | Notice Period | Click or tap here to enter text. |
| Line Manager (Job Title and Name) | Click or tap here to enter text. | | Company Telephone | Click or tap here to enter text. |
| Company Email: | Click or tap here to enter text. | | | |
| Please outline your duties and responsibilities: | | | | |
| Click or tap here to enter text. | | | | |
| Reason for leaving (if applicable): | | | | |
| Click or tap here to enter text. | | | | |

Please outline in date order a complete history from the age of 18 onwards, providing full details for the last 8 years of employment.

Do not include your current/recent employer.

Please include your paid employment, education, volunteering activities and any other relevant activities/periods plus details of any breaks in your employment e.g., unemployment, travelling, studying, parenting etc.

**Please ensure there are no unaccounted-for gaps between dates.**

Where you have been employed by an agency outline the details of the agency rather than the placement.

**9. EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment Dates** | | **Employers Full Contact Details** | **Your position held** |
| Start date | End date | 1. Company Name  2. Company Address  3. Telephone number  4. Company email  5. Name of Line Manager | * Job Title * How many hours per week? * Type of contract (Perm/Fixed/Temp/Bank/   Volunteering)   * Brief summary of duties and responsibilities * Reason for leaving |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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|  |  |  |  |
|  |  |  |  |

**11. INTERVIEW INFORMATION**

|  |  |
| --- | --- |
| If selected for interview, do you require any special arrangements to be made? | Yes  No |
| If “yes”, please give brief details: | Click or tap here to enter text. |

**12. RELATIONSHIPS**

|  |
| --- |
| If you are related to an employee of the Marillac Neurological Care Centre or have a relationship with an employee of the Marillac Neurological Care Centre, please state their name and your relationship: |
| Click or tap here to enter text. |

In the space provided, please indicate:

1. Why have you applied for this role?
2. What skills, knowledge and experience you can bring?
3. How do you meet the role applied for?
4. Anything further that will aid your application.

**You should ensure to refer to the provided Job Description throughout completing this section.**

***Please continue on a separate page if necessary.***

**13. SUPPORTING STATEMENT**

|  |
| --- |
| Click or tap here to enter text. |

**14. REFERENCES**

When providing reference details please note the following:

* You must provide 2 satisfactory references.
* Please provide the names of individuals who have agreed to supply references.
* If you are/have been employed your references should be your 2 most recent employers from 2 separate organisations. Employment references may include your line manager or supervisor/general HR department or senior colleague who can comment on your work experience, competence and personal qualities and suitability for the post.
* Students can provide details of a teacher/lecturer at school, college or university.
* Character references preferably should be a previous colleague or peer.

**Please note personal references such as friends and/or relatives will not be accepted. We** **cannot accept reference details of an employee currently working at the Marillac Neurological Care Centre due to our reference policy.**

***Referees will only be approached after an offer has been made. Please ensure you gain the consent of any referee prior to adding their information to the form.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1** | | **Referee 2** | |
| Title: | Click or tap here to enter text. | Title: | Click or tap here to enter text. |
| Full Name: | Click or tap here to enter text. | Full Name: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. | Job Title: | Click or tap here to enter text. |
| Organisation: | Click or tap here to enter text. | Organisation; | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Address: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. | Email address: | Click or tap here to enter text. |
| Tel. No: | Click or tap here to enter text. | Tel. No: | Click or tap here to enter text. |

**15. DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| I declare that the information given in this application is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. | | | |
| Signature: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| Name (Printed): | Click or tap here to enter text. | | |
| The information provided by you on this form as an applicant will be stored on either paper records or a computer system in accordance with the Data Protection Act (2018) and will be processed solely in connection with recruitment. | | | |