**JOB APPLICATION FORM: Guidance Notes – PLEASE READ THOROUGHLY**

Please read through the following guidelines that will help you complete the application form and be more successful in being selected for interview.

* Complete ALL sections of the form.
* Make sure the form is tidy and try to avoid mistakes by writing out a version first to make sure you are happy with the information you are providing. Always read through your final version before you send it.

If you require an acknowledgement of your application:

* If emailing you must activate a read receipt from your email account.
* If sending by post you must enclose a stamped addressed envelope.
* Please note with limited resources, we cannot verify if we have received your application over the phone.

To complete your application:

* Please type or write clearly in BLACK ink.
* Ensure you clearly state the job title you are applying for.
* In the ‘Employment History’ section you must state why you have left a position.
* Always explain any gaps in work history.
* Proof of qualifications and membership to professional bodies may be required.

**References**

We will take up professional references once you have been interviewed and **provisionally** offered the post. It is important that you give full contact details of your referees so that this does not delay processing reference requests, making sure you have given email addresses and telephone numbers

If you have no employer references, we will take up references with named individuals at colleges where you have studied, or people who know you in a professional capacity. Family members or people you live with will not be accepted as referees.

You will only be confirmed in the position once we are satisfied with the information received from your referees.

**Supporting Statement (4. Information in support of your application)**

The 'Why you feel you are suitable for this position' (skills, abilities and experience) part of the form is called your *supporting statement*. It is the most important part of the application form.

You should consider the following:

* Applications can only be assessed on the information you provide. You need to clearly demonstrate your capabilities.
* We expect your supporting statement to be a minimum of ¾ of a side of A4 and a maximum of 2 sides.
* Use concise, unambiguous sentences and avoid exaggerations.
* Honesty is always the best policy; please do not make false claims.
* If you are making a career change, stress what skills are transferable to the role you are applying for.
* Ensure you return your application in good time before the closing date - aim for the day before the deadline.

Finally, good luck with your application and thank you for your interest in County Medics Ltd.

Shape, arrow

Description automatically generatedCounty Medics Ltd

Davies House

Davies Road

Evesham

WR11 1YZ

|  |
| --- |
| **Job Application Form** |

|  |  |
| --- | --- |
| Vacancy Title: |  |
| Please tell us how you heard about this vacancy: |  |

|  |
| --- |
| **1. Personal Details** |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | **First Name:** |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Postcode: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Telephone No.** |  | **Daytime Contact No.** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Insurance No.** |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driving Licence**  Do you hold a full, clean driving licence valid in the UK? **YES / NO**  If No, please give details of motoring offence codes below: |  |  |  |  |

|  |
| --- |
| **2. Education/Qualifications** |

|  |  |  |  |
| --- | --- | --- | --- |
| **School (11+)** | **Study Dates** | **Qualification**  **and Grade** | **Date Obtained** |
|  |  |  |  |
| **College/University** | **Study Dates** | **Qualification**  **and Grade** | **Date Obtained** |
|  |  |  |  |
| **Ongoing Professional Development** | **Study Dates** | **Qualification**  **and Grade** | **Date Obtained** |
|  |  |  |  |

|  |
| --- |
| **Training and Development** |
| Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application. | | |

|  |  |
| --- | --- |
| **Training Course** | **Course Details**  **(including length of course/nature of training)** |
|  |  |

|  |
| --- |
| **Current Membership of any Professional Body/Organisation** |
| Please give details: |

|  |  |
| --- | --- |
| **3. Employment History** |  |
| **Previous Employment:** Please include any previous experience (paid or unpaid), starting with the most recent first. |  |

**Current or most recent employer**

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  | |  |  | | --- | --- | | Postcode: |  | |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Started: |  | Leaving Date: |  |
| Reason for Leaving: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary on  leaving this post: |  | Contact Name of Line Manager for reference: |  |

|  |
| --- |
| **Brief description of duties:** |
|  | |

**Previous employer**

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  | |  |  | | --- | --- | | Postcode: |  | |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Started: |  | Leaving Date: |  |
| Reason for leaving: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary on  leaving this post: |  | Contact Name of Line Manager for reference |  |

|  |
| --- |
| **Brief description of duties:** |
|  | |

**Previous employer**

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  | |  |  | | --- | --- | | Postcode: |  | |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Started: |  | Leaving Date: |  |
| Reason for Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary on  leaving this post: |  | Contact Name of Line Manager for reference |  |

|  |
| --- |
| **Brief description of duties:** |
|  | |

Continue on separate sheet if necessary

|  |
| --- |
| **4. Information in support of your application** |
| **Skills, abilities and experience**  Please use this section to demonstrate why you think you would be suitable for the post by reference to the job description and person specification (and by giving examples and case studies). Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. Attach and label any additional sheets used. See guidance sheet for further information. |
|  |
| Continue on a separate sheet if necessary |

|  |
| --- |
| **5. Convictions/ Disqualifications** |

|  |  |
| --- | --- |
| To ensure the safety of our clients/patients an **enhanced** Disclosure & Barring Service (DBS) check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a position at County Medics Ltd. If a check is returned and reveals any information this will be discussed with the applicant. The Director of Operations will make a decision as to whether the offer of employment should be withdrawn. As the DBS belongs solely to the named individual, it is therefore the individual’s responsibility to pay for and provide an up to date **enhanced** DBS that is no older than 3 months. | |
| Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986We would draw your attention to the following statement:- “Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act”.  **Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order.** (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence/s is/are deemed relevant. Any details will be discussed with you should you be the successful candidate based on your supporting statement, interview and tests). |
| **6. Reasonable Adjustments/Arrangements for Interview** | |

**Please contact us if you need the application form in an alternative format.**

Are you subject to any conditions relating to your employment in this country? **YES / NO**

If "yes" please use the space below to tell us what these are?

|  |
| --- |
|  |

If you need us to make any adaptations for your interview to accommodate any disability you may have, please tell us what these should be.

|  |
| --- |
|  |

**Are you closely related or married to a staff or Board member of County Medics Ltd?** **YES / NO**

If yes, please state the name of the staff or Board member and nature of this relationship below:

|  |
| --- |
|  |

**If appointed when could you start? Give period of notice if applicable**

|  |
| --- |
|  |

|  |
| --- |
| **7. References** |

Please give details of two **PROFESSIONAL** references – **ensuring you give email/telephone numbers**

|  |  |
| --- | --- |
| Name of Referee and relationship to you: |  |

|  |  |
| --- | --- |
| Address: |  |
|  | |  |  | | --- | --- | | Postcode: |  | |
|  | **Email:** **Tel:** |

|  |  |
| --- | --- |
| Name of Referee and relationship to you: |  |

|  |  |
| --- | --- |
| Address: |  |
|  | |  |  | | --- | --- | | Postcode: |  | |
|  | **Email:** **Tel:** |

|  |
| --- |
| **8. Declaration** |

|  |
| --- |
| Statement to be Signed by the Applicant  If the following declaration is not completed and signed, your application will not be considered. I agree that County Medics Ltd can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998. **I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.** |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | **Date:** |  |
|  |