

# Zoë's Place Trust

## Application form

Position Applied for: Childrens Nurse: Full \*/ Part time\* (\*please delete appropriately)

PERSONAL & CONFIDENTIAL

### PERSONAL INFORMATION

\* Must be completed

#### Personal Details

* Title	
* Surname/Family name	
* First name	
Middle name(s)	
Name in which you are registered with a professional body (if applicable)	
UK National Insurance Number	
* Address	
* Postcode	
Home Tel.	
Mobile Tel.	
Email Address	

\* Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?

If not please state the category that relates to you current immigration status.  
(This status will be subject to checking before interview so please provide details below).

Does your Visa have a condition restricting employment or occupation in the UK?

Please supply details of any Visa currently held.

Number:

Start Date:

Expiry Date:

Details of any Restrictions:

## MONITORING INFORMATION

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination on the grounds of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

**All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.**

### Equality & Diversity Monitoring

\* Date of Birth:

\* Gender:

### Equality Act 2010

\* I would describe my ethnic origin as follows:

### Disability Discrimination Act 1995 and 2005

\* Do you consider yourself to have a disability?  
(If so please state the type of impairment(s) which applies to you)

### Criminal Convictions

\* Have you any unspent criminal convictions or a bind-over, or any cautions, warnings or reprimands?  
(If yes, please give details)

### Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

\* Have you at any time received or had pending a criminal conviction, caution, warning, reprimand or bind-over?  
(If so, please give details)

\* Does your name appear on the Protection of Children Act List?

\* Does your name appear on the Protection of Vulnerable Adults List?

### Relationships

\* If you are related to a director or Trustee, or have a relationship with a director or employee of Zoë's Place Trust please state the relationship

**QUALIFICATIONS****Education & Professional Qualifications**

All qualifications disclosed will be subject to a satisfactory check.

<b>Subject/Qualification</b>	<b>Place of Study</b>	<b>Grade/Result</b>	<b>Year Obtained</b>

**Training Courses Attended**

<b>Course Title</b>	<b>Training Provider</b>	<b>Duration</b>	<b>Year Obtained</b>

## Membership of professional bodies

✚ Please indicate your UK professional registration status:

Professional Body and Membership:

Membership/Registration/PIN number:

Expiry/Renewal date:

If applicable, please provide details of any conditions/restrictions you may have.

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country?

Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?



**ADDITIONAL INFORMATION**

**Supporting Information**

**(please use additional sheets if necessary)**

A large, empty rectangular box with a thin blue border, intended for providing supporting information. The box is currently blank.

**Additional Personal Information**

Preferred employment type (full or part time)

Are you a car driver with a current valid driving license?

Do you have access to a vehicle?

Do you have any driving convictions?  
(If yes please state type and date)

Have you ever been the subject of a disciplinary investigation or suspended from employment?  
(If yes please give details)

## REFERENCES

**Referee 1**

* Title	
* Surname	
* First name	
Job Title	
* Address	
* Postcode	
Telephone	
Email Address	
* Relationship	
* Can the referee be approached prior to interview?	

**Referee 2**

* Title	
* Surname	
* First name	
Job Title	
* Address	
* Postcode	
Telephone	
Email Address	
* Relationship	
* Can the referee be approached prior to interview?	


**Referee 3**

* Title	
* Surname	
* First name	
Job Title	
* Address	
* Postcode	
Telephone	
Email Address	
* Relationship	
* Can the referee be approached prior to interview?	



**DECLARATIONS****Declaration**

The information in this application is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the Zoë's Place Trust. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

 I agree to the above declaration (please sign and date)