



MEAD MEDICAL SERVICES LTD
JOB APPLICATION FORM

POSITION APPLIED FOR: _____

NAME OF HOME: _____ LOCATION: _____

PERSONAL DETAILS	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Surname:	
First Name:	
Current Address:	
Post Code:	
Day time phone number:	
Evening phone number:	
Mobile phone number:	
Email address:	
National Insurance No:	
AVAILABILITY	
Are there any dates you are not available for interview? (Please specify)	

EDUCATION & QUALIFICATIONS

(Original certificates relevant to your application will be required at interview)

Name of Secondary School, College, University	Dates		Examinations Taken	Date	Result
	From	To			

Professional qualifications held (please specify):

Other relevant Educational or Training Courses (please specify):

Are you registered with the SSSC: Yes No

If yes please specify:

Pin Number:

Expire Date:

Are you registered with the NMC: Yes No

If yes please specify:

Pin Number:

Expire Date:

Please provide details of memberships of any other Professional Bodies:

CURRENT EMPLOYMENT

Job Title:

Salary/Hourly rate:

Name & Address of Employer:

Start date:

Reason for leaving or wishing to leave:

Notice Period:

Please outline your duties and responsibilities:

PREVIOUS EMPLOYMENT

Name & Address of Employer

Dates
From To

Position held & brief description of duties

Reason for Leaving

--	--	--	--	--

RELEVANT EXPERIENCE

Please state why you are applying for this post, outline aspects of your experience and give details of any other information you consider relevant to this application. Please use a separate sheet if necessary.

OTHER INFORMATION

Do you hold a current clean driving license? Yes No

Car HGV Motorcycle

If no please provide details:

By virtue of the Rehabilitation of Offenders Act 1974 (exclusions and exceptions) Scotland order 2003 amended, applicants should note that they are not entitled to withhold information about any conviction.

Do you have any previous convictions/cautions for a criminal offence? Yes No

If you answered yes please provide details and dates:

Are you eligible to work in the UK? Yes No

If successful for interview, you will be asked to provide evidence of your right to work in the UK.

<p>Please provide details of any special arrangements required to be made to assist you should you be invited to attend an interview:</p>		
<p>REFERENCES</p>		
<p>Please give details of two referees, one of whom should be your current or most recent employer. The other should not be a relative or contemporary. Please be advised we will only obtain references at the offer stage.</p>		
Name and Address	Organisation/Job title	Phone number/Email Address
1.		
2.		
<p>For the purposes of the Data Protection Act 1998, I consent to the information contained in this form, and any information received by or on behalf of Mead Medical Services Ltd relating to the subject matter of this form, being processed in administering the recruitment process, I declare that all information on this application form is true and correct. I acknowledge that any false or misleading statements on this form may, if they subsequently come to light, be taken to justify my dismissal from employment with Mead Medical Services Ltd or could result in the retraction of any job offer made. I give my consent to my referees being contacted as indicated.</p>		
<p>Signature:</p>		<p>Date:</p>

IMPORTANT INFORMATION

As part of the application process all applicants for Mead Medical Services must apply for an ENHANCED DISCLOSURE SCOTLAND and PVG check (appropriate group) if applicable which on return, must be satisfactory before commencing employment with the Company.

Please return to: Mead Medical Services Limited
 Head Office
 Lydiafield
 Standalane
 Annan
 DG12 5JR

OFFICE USE ONLY

- Certificates seen, checked, photocopied, signed and dated
- Eligibility to work in UK documents seen, checked, photocopied, signed and dated

Signature:

Date: