



Candidate Application Form

Name:

Profession:

Location:

Date completed:

118 Raglan Avenue,
Waltham Cross,
Hertfordshire.
EN8 8DR

Tel 0845 505 5333
Fax 0871 714 6611
info@firstlocums.com
www.firstlocums.com

Personal Details

Surname		
Forenames	Title: Mr/Mrs/Miss/Ms	
Address		
Postcode	Email	
Tel: (Home)	(Work)	(Mobile)
Profession	Grade	Specialty
Nearest Station?	British Rail	Underground
Date of Birth / /	Age Marital Status	Sex Male/Female

Emergency Contact

Name	Relationship
Tel No	Other Tel

Eligibility of Employment

Type of Employment Permanent Temporary Both

Notice Period (if any)

Please state your Nationality

Please tick relevant box regarding your 'Immigration Status' and 'Right to work in the UK'

EU Passport Working Holiday Visa Student Visa Right of Abode Ancestral Visa

(If you are from the EU please enclose a photocopy of the relevant immigration stamp in your passport)

Do you have a current Working Visa? Yes/No Expiry Date of entry to UK

Education & Training

EDUCATION (Please include copies of all Vocational Certificates)

University/Institution	Qualification	Date of Qualification
Courses Attended		

Equal Opportunities

First Locums has an Equal Opportunities Policy which is available upon request.

For the sole purpose of monitoring our Policy, please complete the following:

Gender: Male Female

White: British European Other

African: Bangladeshi British Indian Pakistani Other

Block: African British Caribbean European Other

References

Organisation	Department		
NameTitle			
Address			
			Postcode
Telephone	Email		
Dates covered from	to	May we contact immediately	Yes/No

Organisation	Department		
NameTitle			
Address			
			Postcode
Telephone	Email		
Dates covered from	to	May we contact immediately	Yes/No

Organisation	Department		
NameTitle			
Address			
			Postcode
Telephone	Email		
Dates covered from	to	May we contact immediately	Yes/No

Disabilities

Do you consider that you have a disability under the terms of the Disabilities Discrimination Act?	Yes/No
Are you registered disabled	Yes/No
If yes please describe	
If you have any disabilities, please let us know if we need to make adjustments for you when assisting you with your search for work, or which will be required at your place of work	

Declaration of Criminal Convictions

Have you ever been the subject of the following? (Please circle)	Disciplinary Action	Suspension	Dismissal
If 'yes' please describe			
Have you ever been the subject of a conviction, caution, reprimands and warnings?	Yes/No		
If 'yes' please give details & dates			
Do you have a criminal proceedings pending?	Yes/No		
If 'yes' please give details & dates			
Do you have an original CRB disclosure certificate?	Yes/No	date of issue	
If 'yes' please enclose copy of current CRB Certificate			

Bank & Financial Details

Name Bank									
Bank Address									
Sort Code / /			Account Number						
Name of Account Holder									
NI No.			P45 Enclosed		Yes/No		P46 Required		Yes/No

Declaration of Health

Have you any physical, mental or other related problems which may effect you undertaking an assignment?								Yes/No	
If Yes, please give details.									

Health Checks & Immunisations

Have you been in an environment where MRSA has been diagnosed?								Yes/No	
Have you been immunised against any of the following? Please tick relevant boxes.									
Hepatitis		<input type="checkbox"/>	(please enclose copy of Antibody Status)						
Tuberculosis BCG		<input type="checkbox"/>							
Rubella		<input type="checkbox"/>							
Polio		<input type="checkbox"/>							
Tetanus		<input type="checkbox"/>							
Date of last Chest X-Ray					Date of last Medical				

Please ensure that you provide us with the following documents.

- Proof of I.D (Passport, Birth Certificate Proof of Address and proof of N.I number)
- Proof of eligibility to work in the UH.
- Original Qualifications Certificates.
- 2 Passport Photos.
- Professional Registration Certificate (e.g. HPC).
- Certificate of Incorporation (if applicable).
- CRB application form & documents.
- Current CV.

Declaration

I declare that the details given by me on this application form are correct to the best of my knowledge and belief.

I understand that if I have given any information which is false, or I withhold any relevant information, this may lead to my application being rejected, or if already appointed, to my dismissal.

I understand that information given on this form will be processed by a computer and used for registration purposes under the Data Protection Act.

I also authorise First Locums to disclose any convictions declared above to any potential employers in accordance with the CRB Code of Practice and the Rehabilitation of Offenders Act.

Signed					Date				
Name									