



Staff Application Form

Private and Confidential

Application for Membership - Please fax back to **0141 248 9444** or post to the address on back page

Personal Details (Please complete in BLACK biro and in BLOCK CAPITALS)

Title: Mr Mrs Miss Ms *(delete as appropriate)*

Surname _____ Previous Surname _____

Forenames (in full) _____

Home Address _____

_____ Post Code _____

Tel. No. (Home) _____ Mobile No. _____

Date of Birth National Insurance No.

Nationality _____ Work Permit No. (if applicable) _____

Do you hold a current UK driving licence? YES NO

Do you have the use of a car? YES NO

Next of Kin _____ Relationship _____

Address _____

_____ Post Code _____

Tel. No. (Home) _____ Other Tel. No. _____

For office use only

Name Payroll No.

Qualifications

References

1. Sent 2. Sent

Received Received

Professional Qualifications

Please list below any relevant courses/studies undertaken.

Title of Course	Brief Description of Course	Course Date

NMC PIN Registration:

Expiry Date:

Did you qualify in your maiden name?

YES NO

Employment History (most recent first)

Employer: Name & Address	Position Held	From	To	Reason for Leaving

Referees

Please give the names of two recent professional referees (not relatives), stating their position.
One referee must be your last employer.

1

Name _____ Qualification _____

Position held by Referee _____ Date of Employment _____

Address _____

_____ Post Code _____

Tel No. _____ Fax No. or email _____

2

Name _____ Qualification _____

Position held by Referee _____ Date of Employment _____

Address _____

_____ Post Code _____

Tel No. _____ Fax No. or email _____

3

Name _____ Qualification _____

Position held by Referee _____ Date of Employment _____

Address _____

_____ Post Code _____

Tel No. _____ Fax No. or email _____

Completion

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Sections 4.2 and 4.3 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following question **MUST** include any 'spent' convictions.

Have you ever been convicted of a criminal offence?

YES NO Signature

If you have answered 'YES' please attach details, including dates.

Declaration

I declare that I have answered the above questions honestly and fully and I am not aware of any physical or mental disability which will, or may, affect my working capacity, I realise that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal.

I also declare that I have read the Conditions of Membership attached and agree to abide by their conditions.

Signed Dated

For office use only