



APPLICATION FOR EMPLOYMENT

Please complete this form as fully as possible, using black ink.

Information will be treated in the strictest confidence. Knowingly withholding, falsifying or omitting relevant information at any stage of the selection process may lead to subsequent disciplinary action including dismissal.

<p style="text-align: center;">The Hospital Management Trust (Central Office)</p> <p>14 Queen Anne's Gate London SW1H 9AA Telephone: 020 7222 1177 Fax: 020 7222 4424 Email: admin@hmt-uk.org Website: www.hmt-uk.org</p>	<p style="text-align: center;">St Hugh's Hospital</p> <p>Peaks Lane Grimsby NE Lincs DN32 9RP Telephone: 01472 251100 Fax: 01472 251130 Email: admin@sthughshospital.co.uk Website: www.sthughshospital.co.uk</p>
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Vacancy Applied For:	Closing Date:
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Personal Details	
Title:	Forename(s):
Surname:	
Address:	
	Postcode:
Home Tel No:	Work Tel No:
Mobile No:	Email:
Do you require a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>	

General Education			
Please state most recent qualifications first			
Secondary School/College/University	Dates of Attendance		Qualifications obtained
	From	To	



Professional Qualifications/Vocational Training/Registration

For applicants in respect of posts requiring statutory registration or Professional/Vocational Qualifications, successful candidates will be required to produce current registration certificates prior to commencement of employment.

Qualification/Training	Date Qualification obtained	Reg/PIN No (if applicable)	Renewal Date (if applicable)

Current Employment

Name & Address of Employer	Dates	Job Title	Description of Main Duties
Reasons for Leaving			

Previous Employment (please state reasons for any gaps in employment)

Name & Address of Employers	Dates	Job Title	Description of Main Duties



Additional Information

The information you provide in this section will be used in assessing your application. Please refer to the job description and person specification and use this space to state your reasons for applying for the post, relating your skills, experience and personal qualities gained through work and education to the requirement of the job (please continue on separate sheet if necessary).

References

Please give the names of two referees, both of which must be your most recent employers and one of which must be your current employer. References will only be requested for successful candidates.

1) Name & Organisation	Address	Telephone Number
2) Name & Organisation	Address	Telephone Number

Care Standards Act 2000 & Protection of Children Act 1999

Due to the nature of the position you are applying for, you are not entitled to withhold information about criminal convictions, cautions, etc, however long ago these occurred. If you are short listed for interview you will be asked to sign a declaration form stating that you have committed no such criminal offences. All offers of employment will be conditional on receipt of a satisfactory Criminal Records Bureau (CRB) Disclosure check. Having a criminal record will not necessarily prevent someone from working at the hospital. However, this will depend on the nature of the position and circumstances and background of the offences. For further information on these checks please contact the CRB information line on 0870 9090811. Failure to disclose any information relevant to the above could result in disciplinary action by HMT which may lead to dismissal should you be employed.

