Application for Employment



Bank Temporary	Permanent	Full-time Pa	rt-time			
Reference number						
Position applied for						
Personal Details						
Title		Email				
Forename		Phone Number				
Surname		Do you hold a current clean driving licence?	No			
Education Details						
Please tell us about your educa Please list highest qualification	tion and any qualifications which first.	you feel are relevant to the po	st.			
College/University	Course	Qualification Obtained	Date Obtained			
Immigration Status						
Are you free to remain, and take up employment, in the UK with no current immigration restrictions?						
Professional Registration						
If applicable, please provide details of your professional registration (GMC/NMC/HCPC/GDC etc.)						
PIN		Date of registration				
Valid until						
or professional misconduct pro	currently, the subject of any fitne ceedings by any Professional Boo This question must be answered.	dy having Yes	No e provide details on a separate sheet.			













Please list any training that you have received and provide details of any membership with Professional Bodies. (Please continue on a separate sheet if necessary)					
Educational Establishment	Training Course		Date Obtained		
Employment Details					
Please tell us about your current employment and previous employment.					
Name of Employer Position Held		From	То		
Reason for leaving Salary					
Name of Employer Position Held		From	То		
Reason for leaving Salary					













Please explain how your clinical experience within hospital settings meets the requirements of this role. Please include: overview of duties, experience across different specialities, examples of clinical skills and abilities, and relevant personal attributes. Convictions/Offences Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979, Kingsbridge Healthcare Group as a Provider of Healthcare is included in the list of excepted employers. As such, all criminal convictions may never be regarded as spent and must be disclosed when applying for a post in Kingsbridge Healthcare Group. It is necessary therefore, to ask the following question: Is there any reason why you cannot work in a regulated activity? (Please note, having a criminal conviction does not necessarily exclude you from employment.) Kingsbridge Healthcare Group recruits according to our Recruitment of Ex-Offenders Policy. Please request a copy from: human resources@kingsbridgehealthcaregroup.com



Clinical Experience











Personal Declaration

- 1. I declare that all the foregoing statements are true, complete, and accurate.
- 2. I understand that if I give wrong information or leave out important information I could be dismissed if I take up this
- 3 I understand that if I take up this job I must have satisfactory Access NI clearance, as per Access NI Code of Practice won ww.nidirect.gov.uk/publications/accessni-code-practice, satisfactory references, health assessment and POCVA checks (if applicable). Access NI Privacy Notice can be found at https://www.justice-ni.gov.uk/publications/ani-privacy
- 4. I understand that I will be asked to provide formal identification and evidence of qualifications obtained.
- I confirm that as far as I know, there are no medical reasons that would stop me from carrying out the duties of this job. 5.
- 6. I agree to you making any necessary enquiries during the recruitment and selection process.
- 7. I understand that canvassing will disqualify me from the selection process for this job.
- I consent to the information I have provided being used within the context of the General Data Protection Regulation 2018.

Further information on the disclosure process can be found in the 'Retention of Disclosure Information Policy' available at www.kingsbridgeprivatehospital.com/about-us/careers.

Signature	Date	

Please return completed application forms to:

Human Resources Department, Kingsbridge Private Hospital North West Church Hill House, Ballykelly, Limavady Co.L'Derry, BT49 9HS

or email: stacey.mullan@kingsbridgehealthcaregroup.com.

If you require any special assistance, please do not hesitate to contact us.

To save changes to this form please use the following steps:

- 1. From your browser menu bar click the FILE dropdown menu.
- 2. Click the **PRINT** option
- 3. In the print dialogue box select SAVE AS PDF and save in desired location.

DO NOT use the SAVE or SAVE AS option as some browsers may not record the information you have entered.











