

Exora Medical

APPLICATION FOR EMPLOYMENT

<p>Notes: Please complete this form in black ink and BLOCK CAPITALS and in your own handwriting.</p> <p>Exora Medical Ltd is an equal opportunities employer and welcomes applications from all sections of the community regardless of race, colour, sex, marital status religion, ethnic origin, nationality or sexual orientation. Please complete this form in full answering all questions as required.</p> <p>Please return completed application form by:</p> <hr/>	<p>APPLICATION FOR THE POST OF</p> <hr/> <p>LOCATION:</p> <p>COMPLETED APPLICATIONS SHOULD BE SENT TO: HR Manager Exora Medical 71 Collins Drive Ruislip HA4 9EG Tel: 08454750544 Fax: 08454750545 Web: www.exoramedical.com Email: info@exoramedical.com</p>
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1. PERSONAL DETAILS

<p>SURNAME: _____</p> <p>FORENAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>POST CODE: _____</p> <p>EMAIL : _____</p> <p>HOME TEL.: _____</p> <p>MOBILE: _____</p> <p>WORK: _____</p> <p>Can you be contacted at work? YES / NO</p> <p>Are you related to anyone who works for Critical Care Transfers Ltd or associated companies? YES / NO</p> <p>CRB No :</p>	<p>How long have you lived at your current address? _____</p> <p>If less than 5 years please give details of previous address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are you eligible to work in the UK? YES / NO</p> <p>Do you need a permit to work in the UK? YES / NO</p> <p>If YES, when does it expire? _____</p> <p>Only individuals who are eligible to work in this country will be considered for employment</p> <p>Do you hold a current full UK driving licence? YES / NO</p> <p>Do you have any of the following categories on your licence? D1 / C1</p> <p>Do you hold a PCO licence? YES / NO</p> <p>National Insurance No. _____</p>
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2. EMPLOYMENT HISTORY

PRESENT POST

JOB TITLE: _____

PRINCIPAL DUTIES: _____

CURRENT SALARY & GRADE: _____

Name and Address of Employer

3. PREVIOUS EMPLOYMENT

Please give details of all employment (paid and unpaid) over the last 15 years (minimum) – begin with the most recent and include all periods of unemployment. (*Continue on separate sheet of paper if required*)

Job Title	Name and Address of Employer	From	To	Reason for Leaving

4. EDUCATION and PROFESSIONAL QUALIFICATIONS

- **Note proof of qualifications will be required before appointment.** (Original Certificates only accepted)

ESTABLISHMENT OR PROFESSIONAL BODY	QUALIFICATION	DATE OBTAINED	BY AWARD OR EXAMINATION

5. MEMBERSHIP OF PROFESSIONAL BODIES

Body: _____ Registration No / PIN No: _____
Registration type / Membership Status (full/provisional) _____ Renewal Date: _____

6. TRAINING & DEVELOPMENT

PLEASE PROVIDE DETAILS OF ANY RELEVANT LEARNING OR DEVELOPMENT OPPORTUNITIES (e.g. TRAINING COURSES) YOU HAVE UNDERTAKEN.

SUBJECT	PROVIDER	DATE

7. STATEMENT IN SUPPORT OF APPLICATION

NOTE: Please give your reasons for applying for the post and any additional information in support of your application. You may wish to mention relevant experience, which may have been gained inside or outside the work situation (*please continue of separate sheet if necessary*). Please refer to the *Job description and Specification*.

8. REFERENCES

Please give details of two referees, at least one of whom should be your current or most recent employer. Critical Care Transfers reserve the right to contact any previous employer(s) listed on this form should it be deemed necessary.

References will only be requested if you are called for interview.

Name: _____

Position: _____

Address: _____

Post Code: _____

Telephone: _____

Fax No: _____

Length of time known: _____

May we approach if called for interview? YES / NO

Name: _____

Position: _____

Address: _____

Post Code: _____

Telephone: _____

Fax No: _____

Length time known: _____

May we approach if called for interview? YES / NO

Appointment is subject to receipt of references which the company finds satisfactory and evidence of qualifications stated in this application form together with evidence of citizenship (reference the Asylum & Immigration Act 1996) e.g. production of a valid passport, original birth certificate, P45 issued by a previous employer or a National Insurance number supported by a recent payslip.

9. DECLARATION

I declare that the information I have included on this form and the supplementary, application documents is true to the best of my knowledge and without omission of any facts that could have a bearing on selection decisions. I understand that any appointment is conditional on this declaration. I also understand that if the company offers a position this offer may be withdrawn if subsequently any of the information is found to be incorrect or incomplete. In addition I am aware that, should this situation occur after I commence the employment with Exora Medical Ltd, I would be liable to disciplinary action that could lead to dismissal.

SIGNED: _____

PRINT NAME: _____

DATED: _____

FOR OFFICE USE ONLY

SHORT LISTED YES / NO

REASON FOR NOT SHORT LISTING:

RECRUITING MANAGER: _____ DATE: _____

EXPLICIT STATEMENT FOR APPLICATIONS FOR EMPLOYMENT

IMPORTANT INFORMATION FOR APPLICANTS

The Company has obligations, which are conferred or imposed by statute or common law, e.g. ensuring Health and Safety at Work: protection of patients property: elimination of discrimination etc. Which entitles the company to seek and process sensitive personal data during the company's recruitment and selection processes.

The Company's "Application for Employment" form and supplementary forms have been designed to seek only information that is relevant to employment with the company and the information given by you as an applicant will only be used to inform the recruitment and selection process.

The Company will verify the information provided by you by taking up references and criminal background checks. Only short listed candidates will have reference enquiries taken up and only successful candidates will undergo an Enhanced Criminal Background Check (CRB). The company complies with Part V of the Police Act 1997. Disclosure Certificates are not transferable between employers; therefore the company cannot accept previous certificates issued.

If you are successful in your application for employment, all recruitment and selection documentation will be held on personalised manual files in a secure, confidential environment. Relevant personal and job related details would also be held on computer within Human Resources. Such information will include all the details from the "Application for Employment" form; job grade and salary details; equal opportunities monitoring information; training and development undertaken; sickness and absence record, with reasons for absence; annual leave etc. The data is confidential; password protected and is run from a secure database.

The information held will only be used for the following purposes:

1. Statistical monitoring as required by the company and other relevant government bodies.
2. Workforce Planning. This information is normally processed by job/type and /or job group and is not attributable to any individual.
3. Normal employment purposes, e.g. qualifications, registration requirements; training undertaken/development needs; attendance/absence; emergency contact details; appraisal documentation; immigration status (these examples do not form an exhaustive list).
4. Health & Safety requirements
5. Reference requests from third parties, where evidence of your consent has been demonstrated;
6. For legal reasons where the Company is obligated to provide information requested.

Except where provided to comply with legislation in a statistical format to Government Departments personal data is not disclosed to any third party without your explicit consent. Wherever possible, the information is anonymous.

You have the right to view any information held on you by the Company, whether written or on computer. To exercise this right, you must put your request in writing to the Head of Human Resources; clearly stating what information you wish to view. Your request will be dealt with as soon as possible and within a 45-day deadline.

With regard to unsuccessful candidates, the information collected during recruitment and selection process will be kept for 6 months and then securely destroyed, normally by shredding.

By submitting a signed "Application for Employment" form, you have exercised your right of choice in supplying the information requested, thereby enabling the Company to seek information from third parties. The Company will therefore have the right to process and store information gathered as detailed above.

In addition by accepting an offer of employment with the Company, you will be giving the company explicit consent to collect and process sensitive personal data that is relevant to that employment, including attendance and absence data and training records.

In submitting an "Application for Employment" form, you are required to return a signed copy of this Appendix to indicate your full understanding of the company's approach to collecting and processing information about you.

Signed: _____ Dated: _____