



# Aspect Health

Your health, our care.

[www.aspecthealth.net](http://www.aspecthealth.net)

## ASPECT HEALTH APPLICATION FOR EMPLOYMENT

### PRIVATE AND CONFIDENTIAL

**Return this form to:**

Sherdley Medical Centre/ElderCare GP Practices, 2<sup>nd</sup> Floor, St Helens Hospital, Marshalls Cross Road, St Helens WA9 3DA  
Or send via e-mail to [janette.bonney@hsthpcpct.nhs.uk](mailto:janette.bonney@hsthpcpct.nhs.uk)

**Position Applied For**

### PERSONAL DETAILS

<b>Surname</b>	<b>Forename(s)</b>	<b>Title</b> Mr
<b>Address:</b>		<b>E-mail:</b>
<b>Postcode:</b>	<b>Telephone Number(s):</b>	
<b>Current Driving Licence?</b> <input type="checkbox"/>	<b>Details of Endorsements</b>	
<b>Expiry Date:</b>		
<b>Are there any restrictions on you taking up employment in the UK?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please give details)		

### EDUCATION HISTORY

<b>Schools (Secondary Education)</b>	<b>Qualifications Gained / dates / grades</b>
<b>Colleges/University</b>	<b>Qualifications Gained / dates / grades</b>
<b>Other Training</b>	

2nd Floor, Orange Zone, St Helens Hospital  
Marshalls Cross Road, St Helens, WA9 3DA

Tel: 01744 621859 Fax: 01744 621869

Email: [enquiries@aspecthealth.net](mailto:enquiries@aspecthealth.net)

[www.aspecthealth.net](http://www.aspecthealth.net)

Aspect Health Limited is registered in England No. 06600659. Registered Address: Gregan House, 1 Bates Crescent, St Helens, WA10 3NL

## OTHER EMPLOYMENT

Please note any other employment you would continue with if you were successful in obtaining this position.

## EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

NAME & ADDRESS OF EMPLOYER (most recent first)	JOB TITLE & DUTIES	RATE OF PAY	REASON FOR LEAVING
Notice required in current post:			
Please explain any gaps in employment			

## REFERENCES

Please give the names of the people who have agreed to supply references.

If you are or have been employed these should be your two most recent employers, your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable.

For all posts written references obtained must cover the preceding 3 years of employment.  
For all positions you must provide 2 references.

All referees will be approached prior to interview unless you indicate otherwise below.

Please tick the box if you do not wish us to take up references prior to interview

1.	2.
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## LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

## CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependant upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

## GENERAL COMMENTS Please continue on a separate sheet

In this box please give your reasons for applying for this post and additional information which shows how you match the person specification. This can include relevant skills, knowledge, experience, voluntary activities and training etc. If relevant to the post for which you are applying, you should include details about research experience, publications or poster presentations, clinical care (knowledge and skills) and clinical audit.

## HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?

Yes  No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend interview.

Please list any diseases, disorders, allergies or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

## **DECLARATION** (Please read this carefully before signing this application)

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and to obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act

I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for basic/enhanced disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

**Please note: if you elect to return this form electronically you will be unable to sign it. If you are selected to attend for interview you will be asked to sign the form at that time.**