

PATIENT TRANSPORT (UK) LTD

APPLICATION FOR EMPLOYMENT	
Post applied for	
Title Surname Forenames Address (including postcode) Home Telephone Number Work Telephone Number Mobile Telephone Number	Any person, other than an EEC National and subject to immigration control, who wishes to work in the UK, is required to have a work permit issued by Department of Employment. Do you have a current work permit? YES <input type="checkbox"/> NO <input type="checkbox"/> (Work Permit No.) Do you require any special arrangements/facilities for your interview? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide details Do you possess a current full driving licence for a car? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, from what date?..... Does your driving licence contain categories C1 & D1 YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 2: EDUCATION

Subject	GCSE/ GCE/ CSE/ A Level	Grade	Date Obtained

PATIENT TRANSPORT (UK) LTD

SECTION 3: FURTHER EDUCATION

Examinations—Other e.g BTEC, City & Guilds, Edexcel, Degree etc

Subject and Examination type/ title	Result/ Grade	Date Obtained
Qualification/ Courses currently studying	Level/ Name	Exam. Date

SECTION 4: PREVIOUS EMPLOYMENT

Name and Address of Employer	Position held and main duties	Salary	Reason for leaving	Date Start-ed	Date Left

Unit 15,
Capitol Industrial Estate,
Capitol Way,
NW9 0EQ

Tel: 020 8441 8122
Fax: 020 8205 2988
Email: mail@patient-transport.co.uk
www.patient-transport.co.uk

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SECTION 5: PREVIOUS EXPERIENCE AND TRAINING

Please give a concise account of your experience, training, skills and abilities, which you feel relevant to your application, and examples of the duties you have covered. Please include any voluntary work you have performed to highlight any experience obtained through unpaid activities
- Please continue on an additional sheet if necessary

SECTION 6: INTEREST – ACTIVITIES

Please list your interests and current activities not mentioned above

SECTION 7: START DATE

If given the opportunity to work for Patient Transport UK, when would you be able to start:

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SECTION 8: REHABILITATION OF OFFENDERS ACT AND DISCLOSURES

The post you are applying for, unless otherwise stated, is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. You are therefore, required to disclose here any convictions (including 'spent' convictions) for criminal offences brought against you and any pending court action.

Have you at ANY time been convicted of an offence, spent or unspent? Yes/No (Please delete)

Details: (Please use separate sheet if required)

Are you aware of any pending or past police enquiries following allegations against you, which may affect your suitability for this position? Yes/No (Please delete)

Details: (Please use separate sheet if required)

Given the nature of the job applied for, in the event that I am offered the position, I understand that any offer of employment is subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau (CRB). I am not currently the subject of any investigations or proceedings in relation to the health or social care profession.

I have never been disqualified from the profession or required to practice under limitations following an investigation by a regulatory body, in the UK or any other country.

I agree to inform Patient Transport (UK) Ltd immediately if any such investigation should be initiated.

SECTION 9: REFERENCES

If you are selected for interview we will seek reference from your present or last employer and a second referee who knows you in a working capacity. Please indicate below the name and address of those who may be contacted for this purpose.

Present or Last Employer:	Second Referee:
Tel:	Tel:
Email:	Email:
May we approach this reference before an interview	May we approach this reference before an interview
YES / NO	YES / NO

SECTION 10: DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I understand these details will be held in confidence by the Company, for the purpose of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature of Candidate: Date:

Please return this form to:
Patient Transport (UK), Unit 15, Capitol Industrial Park, Capitol Way, London, NW9 0EQ

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Capitol Way,
NW9 0EQ

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