



The Queen Alexandra Hospital Home
Boundary Road, Worthing, West Sussex, BN11 4LJ
Tel: 01903 213458 Fax: 01903 219151

Registered charity number 1072334

APPLICATION FOR EMPLOYMENT

Strictly Confidential

Please complete this form in black ink

Position Applied for: _____

Date of application: / / _____

Personal Details

Surname: _____

First Name: _____

Title: _____

Date of Birth: _____

Maiden Name (if applicable): _____

Address: _____

Postcode: _____

Home telephone number: _____

Mobile number: _____

National Insurance Number: _____

R.N. NMC Pin No. (if applicable): _____

Expiry date: _____

Ethnic origin: _____

Do you require a work permit? _____

Education

Schools, College, University, other further education attended	Examinations passed	Year obtained

Rehabilitation of Offenders Act 1974 – Notice to Offenders

Because of the nature of the work involved, the post for which you are applying is exempt from section 4(2) of the Rehabilitation of Offenders Act (Exemptions Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose YES / NO

Any information should be given on a separate sheet and sent with this application from. This information will be treated as confidential and will not necessarily preclude you from employment.

I DECLARE, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT.

(Falsification of information on this form could result in termination of employment at a later stage).

Signed: _____ Date: _____

The form, completed, must be returned to:

The Queen Alexandra Hospital Home
Boundary Road
Worthing
West Sussex
BN11 4LJ

