



HEALTHCARE SAFE ASSIST OPERATIVES APPLICATION FORM



Please complete this form in ink in your own handwriting. Please answer all questions. Write NO or NIL if a question does not apply to you.

ALL APPLICANTS MUST BE AWARE THAT WHILST COMPLETING THIS FORM, SHOULD ANY FALSE OR MISLEADING INFORMATION BE INCLUDED, THIS WILL CONSTITUTE GROUNDS FOR INSTANT DISMISSAL AND POLICE INVESTIGATION.

Personal Details

Title: _____ Surname: _____ First Name(s): _____

Address: _____

Postcode: _____

Home Tel No: _____ Mobile No: _____

E-mail Address: _____

Nationality: _____ National Ins No: _____

Emergency Contact Details

Name: _____ Relationship to you: _____

Address (if different from above): _____

Tel No: _____

Do you hold a current DBS Yes No

If yes please detail certificate number _____

*Please note it is a requirement for the position that a current DBS is held or is being applied for.

Do you hold a full valid Driving Licence? _____ Licence no: _____

Expiry Date: _____ Do you own a motor vehicle or motorcycle? _____

Give details of any endorsements or other motoring convictions during the last 5 years: _____

Employment History

Starting with your last or present employer, give details of your employment history for the last 5 years, including details of full time education if it falls within that period. Include periods of self-employment and military service. For any periods of unemployment give the address of the DWP Office to which you reported or the name of a person (not a relative) who can confirm your whereabouts. Continue on a separate sheet if required.

IF YOU DO NOT WISH US TO CONTACT YOUR CURRENT EMPLOYER PLEASE TICK HERE []

Name & full address of employer or name of Job Centre/DWP Office	Details	Unemployment/employment dates
Name:	Position held:	Month/Year
Address:	Reporting to:	From: /
Tel:	Reason for leaving:	To: /
Name & full address of employer or name of Job Centre/DWP Office	Details	Unemployment/employment dates
Name:	Position held:	Month/Year
Address:	Reporting to:	From: /
Tel:	Reason for leaving:	To: /
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Tel:	Reason for leaving:	To: /
Name & full address of employer or name of Job Centre/DWP Office	Details	Unemployment/employment dates
Name:	Position held:	Month/Year
Address:	Reporting to:	From: /
Tel:	Reason for leaving:	To: /
Name & full address of employer or name of Job Centre/DWP Office	Details	Unemployment/employment dates
Name:	Position held:	Month/Year
Address:	Reporting to:	From: /

Previous Convictions

Have you ever been fined, cautioned, sentenced to imprisonment or placed on probation for a criminal act (subject to the Rehabilitation of Offenders Act)? YES [] or NO []

Have you any alleged offences outstanding against you? YES [] or NO []

If you answer YES to either question, give details: _____

Education, Training and Qualifications

Please give details of any training courses attended as well as any examinations taken, qualifications gained (if applicable). Evidence may be required before an appointment is offered.

School/College/University	Dates	Qualification	Subject	Grade
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Do you hold a valid first aid or any other qualifications that relate to this position? Please give details:

_____	Expiry Date: _____
_____	Expiry Date: _____
_____	Expiry Date: _____
_____	Expiry Date: _____

Please detail any further information you wish to put forward in support of your application:

Personal References

Please give details of two people who have known you well for at least two years up to and including the day you complete this form. These must not be previous employers, relatives (by blood or by marriage) and/or persons residing at the same address as you.

1. Name:	2. Name:
Address:	Address:
.....
.....
Tel No:	Tel No:
Email:	Email:
Period Known:	Period Known:

**The following supporting documents MUST be included with your application, where applicable
Please do not send original documents – photocopies are acceptable at this stage**

A recent passport size photograph (in colour)		UK Driving Licence	
Birth Certificate		Proof of Address	
Current Passport		Work Permit/Visa	

Right Guard Security UK Ltd is an Equal Opportunities employer

Send completed application form, together with the above supporting documentation, to:

Right Guard Security UK Ltd
 Security House, 3 Simmonds Road, Canterbury, Kent CT1 3RA
 Tel No: 01227 464588 Fax No: 01227 464188
www.rightguard.co.uk

Right Guard Security UK Ltd is a private limited company registered at Companies House in England and Wales.
 Company Registration Number 6900006

Declaration of Authority

I authorise Right Guard Security UK Ltd to contact the persons named as Personal References to verify that the information I have provided is correct.

I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.

I understand that any false statement or omission to the Company may render me liable to dismissal without notice.

Signature:

Print:

Date:

Equal Opportunities Monitoring Form

The completion of this form is voluntary, but we appreciate it when candidates take the time and trouble to do so, because the information it contains helps us monitor and improve our equal opportunities policies and procedures. This form is detached from the application form before decisions about short listing are made, thus ensuring that all such decisions are based on merit.

Any information supplied by you will remain confidential

Gender

Male Female

Status

Married Single Widowed
 Separated Divorced

Ethnic Origin

White

British
 White Irish
 Other white background

Black or Black British

Black or Black British – Caribbean
 Black or Black British – African
 Other Black background

Mixed

Mixed – White and Black Caribbean
 Mixed – White and Black African
 Mixed – White and Asian
 Other Mixed background

Asian or Asian British

Asian or Asian British - Indian
 Asian or Asian British – Pakistani
 Asian or Asian British – Bangladeshi
 Other Asian background

Chinese

Chinese

Other Ethnic (please describe below)

Other Ethnic background

Disability

Are you disabled? Yes No

If “yes” please describe the nature of your disability:

How did you learn of this vacancy?

Newspaper Careers Centre Friend TUPE

Other (please specify)

Signed Date

Print