

10 Gloucester St, Weymouth, DT4 7AP | Telephone: 07538 323344 | Email: info@shortgig.co.uk

APPLICATION FORM

1.	Ap	plica	atio	n fo	rm
		-		_	

Position applied for

Date available to take up employment						
2. Personal details						
Full Name						
Date of Birth						
Address						
Tolonhono numboro	Home					
Telephone numbers	Mobile					
Email address						
NMC PIN (If applicable)						
National insurance num	ber					
Passport number				Issue Da	ite	
Current Visa Status (select one of the options)		•	British Cit EU Citize ILR		•	Work Permit Student Visa Other
Do you own a car?	wn a car? YES / N		Do you have licence?	e driving		YES / NO
If yes, licence type Provisional / F		Full	•		•	
Driving licence number						
Do you have any		If yes	, give details ir	ncluding d	lates	
current driving	YES / NO	-	-			

3. Education and training

convictions

University/College and date attended	Type of course	Subjects	Qualification or class of degree

4. Previous employmentA full work history is required explaining any gaps in employment.

•	, , , , ,	, ,		
Present/last employer				
Address				
Job title				
Duties/responsibilities				
Start date		End date	-	
Reason for leaving				
Employers name & address	Job title	From (month	To & <i>year)</i>	Reason for leaving

5. Permission to wor						
Are there any restrictions right to take up employme			n the	UK that migh	t affect your	YES / NO
If you are successful in your application would you require visa sponsorship to work in the UK?						YES / NO
6. Next of kin						
Emergency contact name						
Relationship to you						
Contact number						
7. References** (Pleat Work reference 1 (most reference 2)				-	ur own family	
Name						
Address						
Organisation						
Occupation						
Telephone number						
Email address						

Work reference 2 – not mem	bers of your own far	mily
Name		
Address		
Organisation		
Occupation		
Telephone number		
Email address		
Work, personal or education	al – not members of	your own family
Name		
Address		
Organisation		
Occupation		
Telephone number		
Email address		
principles in relation to the da and rights to claim for dar computerised records.	ita that they hold. In nages if various of n, If you are unsucce vish to be considered	y staff handling personal data must follow certain dividuals have rights of access to data that is held ffences occur. This covers manual as well as essful in this application, we will keep this form on d for other vacancies.
Date of previous application		
Previous position applied for	r	
Did the application go through	gh to interview	
If yes, what was the outcom	e	

DECLARATION FOR THE REHABILITATION OF OFFENDERS ACT 1974 (RREGULATED POSITIONS)

The post for which you are applying is a regulated position. It is a **criminal offence** for a disqualified person to apply to work in a regulated position. The post is also exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended. This means that **all convictions**, including those that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be declared**.

The information provided will be taken into account in deciding whether to make an appointment or not. It will be completely confidential and will be considered only in relation to this application.

If your application is successful you will be required to co-operate with us in obtaining a disclosure of criminal convictions from the Disclosure and Barring Service.

DECLARATION				
Are you a disqualified person? Answer "yes" or "no"				
Have you ever been convicted in a court of law or accepted a police caution, reprimand or final warning in respect of any offence?				
Answer "yes" or "no" If "yes" give full details:				
Surname				
Forenames				
If you have previously had any other surname(s) or forename(s), you must declare all of them below and state the date of each change and the reason.				
Signed				
Date				
Registration / PIN number(if applicable)				

Criminal Record Check

I have completed an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a
named authorised person upon written request, who acts on behalf of a National Government or
Local Government Department for auditing purposes.

Name:	
Signature	Date
Working with Short Gig	
advancement of employees including p person because of race, colour, ethnic	ualified personnel and provide equal opportunity for the promotion and training and not to discriminate against any sorigin, national origin, sex, sexual orientation, religion or marital or civil partnership status, age or disability.
	nis form is, to the best of my knowledge, true and complete use for rejection or, if employed, dismissal.
_	es to support this application once an offer has been made d referees from any liability caused by giving and receiving
Name	
Signature	Date

You may email the completed application form to info@shortgig.co.uk

Short Gig, 10 Gloucester Street, Weymouth, DT4 7AP

Please return this document to:

If you need to discuss any questions within this application form, please contact us at +44 7538 323344