

# Mona Healthcare Application Form

CONFIDENTIAL

POSITION APPLIED FOR: .....

LOCATION APPLIED FOR: .....

|  |    |           |           |           |                  |          |    |         |    |          |    |         |    |
|--|----|-----------|-----------|-----------|------------------|----------|----|---------|----|----------|----|---------|----|
| <b>Work Preference:</b>  |    | Full Time | Part Time | Bank      | Hours Requested: |          |    |         |    |          |    |         |    |
| I understand this role may include: Shift work, Unsociable Hours, Lone working involved. (please circle your availability below) |    |           |           |           |                  | Yes      | No |         |    |          |    |         |    |
| Monday   |    | Tuesday   |           | Wednesday |                  | Thursday |    | Friday  |    | Saturday |    | Sunday  |    |
| AM   | PM | AM        | PM        | AM        | PM               | AM       | PM | AM      | PM | AM       | PM | AM      | PM |
| Evening  |    | Evening   |           | Evening   |                  | Evening  |    | Evening |    | Evening  |    | Evening |    |

## PROFESSIONAL REGISTRATION (For Nurses only)

NMC Pin: .....

Registered since: .....

Date of expiry: .....

## PART 1

### PERSONAL DETAILS: please complete in BLOCK CAPITALS

Surname (current family name): .....

Title (Mr/Mrs/Miss/Ms/Other): .....

Forename(s): .....

Forename known as (if different): .....

Previous Surname (if applicable): .....

National Insurance Number: .....

Are you aged 18 or over (required for regulatory purposes):

Yes

No

Current Address: .....

.....  
 .....  
 .....

Postcode: .....

.....

Home Telephone No: ..... Work Telephone No: .....  
Mobile Telephone No: ..... E-mail Address: .....

How did you hear about this position? (If a member of the current Mona Healthcare staff team told you about us, please provide their name as we'd like to thank them for recommending us!):  
.....

### ELIGIBILITY TO WORK IN THE UK

Are you free to remain and take up employment in the UK? Yes  No

Are you subject to immigration control? Yes  No

**NB:** If you are successful at interview, you will be required to present evidence of this prior to your appointment and may be subject to an Immigration Check.

### ABOUT YOU

Do you hold a current driving licence? Yes  No

All staff with a clean driving license will be expected to take on the responsibility of driver if applicable.

Are you a friend or relative of (or have other links with) a current/former employee or service user of Mona Healthcare? Yes  No

If yes, please provide their name and your relationship to them: .....

Have you ever worked for Mona Healthcare? Yes  No

If **yes**, please complete the following.

Your job title on leaving: .....

Name of unit: .....

Dates employed: .....

### CURRENT OR MOST RECENT EMPLOYER: please complete in BLOCK CAPITALS

Company Name: .....

Contact Name: ..... Working Relationship: .....

Company Address: .....

.....

Postcode: .....

Tel. No: .....

Email: .....

Job Title: .....

Date Appointed: .....

Salary/Rate of Pay: .....

Notice Required: .....

Reason for Leaving: .....

Main Duties:

.....  
 .....  
 .....

Available to take up employment with effect from ..... / ..... / .....

**PREVIOUS EMPLOYMENT RECORD AND REFERENCES**

CQC require a full employment history with all gaps (more than 28 days) explained. If there is a gap in your employment since leaving **full time education**, write 'GAP' with the dates the gap was from and to, and the reason. (Please use a blank page if required).

Following interview, if you are short-listed references will be taken from your current and most recent employer/s (a minimum of two references that fall within the past three years will be required) If you have never been in paid employment, academic or character references will be acceptable.

**Company Name 1:** .....

|                             |                             |
|-----------------------------|-----------------------------|
| Contact Name: .....         | Working Relationship: ..... |
| Company Address:<br>.....   | Postcode: .....             |
| Tel. No: .....              | Email: .....                |
| Date Appointed: .....       | Date of Leaving: .....      |
| Job Title on Leaving: ..... | Reason for Leaving: .....   |

**Company Name 2:** .....

|                             |                             |
|-----------------------------|-----------------------------|
| Contact Name: .....         | Working Relationship: ..... |
| Company Address:<br>.....   | Postcode: .....             |
| Tel. No: .....              | Email: .....                |
| Date Appointed: .....       | Date of Leaving: .....      |
| Job Title on Leaving: ..... | Reason for Leaving: .....   |

**Company Name 3:** .....

|                             |                             |
|-----------------------------|-----------------------------|
| Contact Name: .....         | Working Relationship: ..... |
| Company Address:<br>.....   | Postcode: .....             |
| Tel. No: .....              | Email: .....                |
| Date Appointed: .....       | Date of Leaving: .....      |
| Job Title on Leaving: ..... | Reason for Leaving: .....   |

**CHARACTER REFEREE DETAILS**

This must be someone who knows you personally for at least 3 years who is not a direct relative

Contact Name: ..... Relationship to you: .....

Address: ..... Length of Relationship .....

..... Postcode: .....

Tel. No: ..... Email: .....

**PART 2**

**QUALIFICATIONS**

Qualifications obtained from schools/colleges/universities including any relevant professional qualifications.

| Name of Establishment | Dates or Year | Course Title | Qualifications Received |
|-----------------------|---------------|--------------|-------------------------|
|                       |               |              |                         |
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|                       |               |              |                         |

**NB:** We will ask you to provide original copies of your degree/professional level or other relevant qualifications.

**TRAINING COURSES attended or completing (evidence of attending courses is required)**

| Subject: | Location | Date | Details |
|----------|----------|------|---------|
|          |          |      |         |

**PART 3**

**MONA HEALTHCARE CRIMINAL CONVICTIONS DECLARATION FORM**  
**CONFIDENTIAL**

**Rehabilitation of Offenders Act 1974**

The position for which you have applied is defined as eligible for a DBS check, taken from the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

All candidates **must** complete the appropriate sections of this form. This section will be treated as confidential. It is emphasised that ex-offenders will only be assessed on their ability to do the job applied for, and any spent convictions and cautions will only be taken into account if relevant to the job.

**Are you a member of the disclosure and barring update service (DBS)?**

Yes  No

**I give permission to have my information used to process a DBS check and for contents of my DBS to be stored for as long as deemed appropriate by Mona Healthcare?**

Yes  No

**Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?**

Yes  No

(a) If yes, please supply details below.

(b) If no, please go straight to Part 4.

| Date | Details of Offence | Court | Sentence |
|------|--------------------|-------|----------|
|      |                    |       |          |
|      |                    |       |          |
|      |                    |       |          |
|      |                    |       |          |
|      |                    |       |          |

## PART 4

### MONA HEALTHCARE - EQUAL OPPORTUNITIES

This section is used for equality and diversity monitoring purposes only and will be detached from your application form. It will be treated as confidential by our Human Resources department and will **not** influence or determine whether you are short listed.

Mona Healthcare is an equal opportunities employer and aims to ensure people are recruited, selected, trained and promoted on the basis of job requirements, skills, abilities and other objective criteria. The Company will ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origins, religious belief, sex, sexual orientation, marital status, disability, age or is disadvantaged by conditions or requirements which cannot be shown to be justified as being necessary for the safe and effective performance of the job.

**Sex:** Male  Female

**Date of Birth:** ..... / ..... / .....

**What is your ethnic group? (Please tick)**

| White  | Mixed / Multiple ethnic groups  | Asian / Asian British   | Black / African / Caribbean / Black British  |
|--|---|---|--|
| English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> | White and Black Caribbean <input type="checkbox"/>  | Indian <input type="checkbox"/>   | African <input type="checkbox"/>   |
| Irish <input type="checkbox"/>   | White and Black African <input type="checkbox"/>  | Pakistani <input type="checkbox"/>  | Caribbean <input type="checkbox"/>   |
| Gypsy or Irish Traveller <input type="checkbox"/>                              | White and Asian <input type="checkbox"/>  | Bangladeshi <input type="checkbox"/>  | Any other Black / African / Caribbean background, please describe <input type="checkbox"/> |
| Any other White background, please describe <input type="checkbox"/><br>.....  | Any other Mixed / Multiple ethnic background, please describe <input type="checkbox"/><br>..... | Chinese <input type="checkbox"/>  | .....  |
|  |   | Any other Asian background, please describe <input type="checkbox"/><br>..... | <b>Other ethnic group</b>  |
|  |   |   | Arab <input type="checkbox"/>  |
|  |   |   | Any other ethnic group, please describe <input type="checkbox"/><br>.....                  |

**Do you consider yourself to have a disability?**

Yes  No

We guarantee disabled applicants an interview, should they meet the minimum requirements of the job. The company will make any reasonable adjustments to enable attendance at an interview. Please indicate whether you are likely to require any of the following at any stage of your application:

- No support required**
 **Information in large print**
 **Wheelchair access**  
 **Sign language interpreting**
 **Other (please specify):** .....

We may consider your application for opportunities that you may have not specifically applied for based on your skillset therefore, your details will be stored in a talent pool and contacted when a suitable position arises. The legal basis is our legitimate interests in finding an appropriate candidate for particular roles & vacancies.

Do you consent to the above? Yes  No

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**DECLARATION**

I hereby declare that the information provided on this form is correct to the best of my knowledge. I also give my consent to have this information held and processed by Mona Healthcare in accordance with the General Data Protection Act 2018.

**Signature:** .....

**Date:** ...../...../.....

**Print Name:** .....