

# Employee application form

(External applicants)



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**The collection and retention of employee data is in accordance with data protection legislation.**  
Please complete all relevant sections of this job application form for all roles within St John Ambulance.  
Return this form in a sealed envelope to:

## 1. WHICH JOB ARE YOU APPLYING FOR?

Job title:	Location:
Where did you see this job advertised?	Job reference number:

## 2. PERSONAL INFORMATION

Title (Dr, Mr, Mrs, Miss/other):	Date of birth (DD/MM/YYYY):
First name:	Likes to be know as:
Family or surname:	
Contact address:	
Postcode:	Daytime/work telephone no:
Contact email:	
Home telephone no:	Mobile telephone no:
HCP PIN number (if a registered healthcare professional):	By providing this PIN you consent to St John Ambulance checking details of your registration with your regulatory body.
Name of HCP regulatory body:	

## 3. ASYLUM AND IMMIGRATION ACT 1996

Are you a UK or EEA (European Economic Area) National?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you require a work permit or certificate of sponsorship?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, what is your current work permit status?	

## 4. GENERAL

Do you hold a valid UK driving licence? Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, is this a full licence and is it free of endorsements? Yes <input type="checkbox"/> / No <input type="checkbox"/>
If NO, please provide details:
Do you want to apply for this post as a job share? Yes <input type="checkbox"/> / No <input type="checkbox"/>
Are there any dates when you would be unavailable for interview?
If successful, when would you be available to take up this appointment? (Please detail any commitments that may impact on your work obligations. For example, TA, jury service, pre-booked holidays, etc.)
Where did you hear about this vacancy?

**5. EDUCATION & TRAINING**

**SCHOOLS, COLLEGES & UNIVERSITIES:**

Please provide detail of the educational institutions that you have attended, starting with the most recent.

Institution	Address	From (MM/YYYY)	To (MM/YYYY)

**QUALIFICATION:** Where applicable please also give details of all professional qualifications gained or about to be gained for which results are not available.

Subject	Level	Grade	Date (MM/YYYY)

**MEMBERSHIPS OF PROFESSIONAL BODIES**

Name of Professional Body	Level of Membership	Date (MM/YYYY)

**TRAINING COURSES**

Course	Place of Study	Method of Study	Completion Date (MM/YYYY)

**6. EMPLOYMENT HISTORY (please provide this in full ensuring all gaps are explained)**

**CURRENT OR MOST RECENT EMPLOYMENT**

Name of employer:

Address:

Postcode:

Start date (DD/MM/YYYY):

Date of leaving - if applicable (DD/MM/YYYY):

Notice period:

Your job title:

Your salary / grade (inc. any benefits):

Reason for leaving:

Your current duties:

**PREVIOUS EMPLOYMENT**

Please give details of your full employment history, detailing any periods of unemployment and unpaid or voluntary work.

Employer's name:

Position held:

Employed from (MM/YYYY):

To (MM/YYYY):

Reason for leaving:

Employer's name:

Position held:

Employed from (MM/YYYY):

To (MM/YYYY):

Reason for leaving:

Employer's name:

Position held:

Employed from (MM/YYYY):

To (MM/YYYY):

Reason for leaving:

Employer's name:

Position held:

Employed from (MM/YYYY):

To (MM/YYYY):

Reason for leaving:

**7. REFERENCES**

**For Care Quality Commission (CQC) regulated ROLES:**

References are required for all employments held during the previous 3 years, for example 1 reference for one employment but 3 for three different employers in this period. If you have had more than 3 employments and require to add additional references please include on a separate page.

**FOR ALL OTHER ROLES – Please fill in only Referee one and referee two below.**

**These will not be contacted until after an offer of employment is made.**

**Referee one – your current or most recent employer or if you have not worked since education your teacher or tutor**

Name:

Company, organisation or educational establishment:

Address:

Postcode:

Contact telephone no:

Email:

(Please provide a company email address if possible (rather than e.g. @yahoo.co.uk or @gmail.com))

Relationship to you?

**Referee two – another line manager from a different employer. If this is your only employment please provide a referee of some standing ie a GP, lawyer, MP, teacher or minister of religion (not a family member or friend).**

Name:

Company or organisation (if applicable):

Address:

Postcode:

Contact telephone no:

Email:

Relationship to you?

How long has the referee known you?

**Referee three – ONLY complete this section if you have been employed in a health and social care job in the last three years and where this job is not your current or most recent job**

Name:

Company or organisation (if applicable):

Address:

Postcode:

Contact telephone no:

Email:

Relationship to you?

How long has the referee known you?

**8. SUPPORTING STATEMENT**

**Please make full use of this section to give further information. Address the points listed in the person specification, and include why you want to apply for this post. Also detail how your skills and experience match the requirements of the position, and include details about your interests or voluntary work you've carried out that is relevant to the post.**

[Empty text area for supporting statement]

Supporting statement continued:

## 9. DECLARATION

### EXISTING RELATIONSHIPS

Are you related to a volunteer or an employee of St John Ambulance? Yes  / No

If YES, please provide details:

### DATA PROTECTION & DECLARATION

- Please note that information you have provided will be used purely to support your job application and for no other reason. If successful, relevant information will be transferred to your staff records. If unsuccessful, this information will be destroyed six months after the final application date.
- Your data will be handled in accordance with the Data Protection Act 1998 and will be used by us in connection with your employment. We may share your information with organisations that carry out activity on behalf of St John Ambulance: pension providers; payroll providers and survey administrators. We will not share it with any other third party organisations except where we are required to do so by law or where we have a contract in place for the lawful processing of data. You have a right under the Data Protection Act 1998 to obtain information from us. If you have any queries concerning this right, please contact our Data Protection Officer at St Johns Gate, London EC1M 4DA.
- I declare that the information provided on this form, and on any accompanying documents, is true to the best of my knowledge and belief. I understand that false information may lead to the termination of employment or withdrawal of a job offer.

**Signed** (Print your name) :

**Date** (DD/MM/YYYY):

Instruction to recruitment administrator <b>CONFIDENTIAL – TO BE SEPARATED FROM APPLICATION BEFORE GOING TO RECRUITING MANAGER</b>	
Role applied for:	Reference number:
Surname:	First name:

**10. Equality, inclusiveness and diversity information**

The aim of this section is to allow St John Ambulance to monitor its volunteer recruitment for equality, inclusiveness and diversity. This information is confidential to St John Ambulance and will not be shared with outside organisations. Categories used came from HM Government census. If you prefer not to provide this information please leave blank.

**What is your gender?**

Male  Female  Prefer not to answer

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

Yes  No  Prefer not to answer

Disability as outlined in The Equality Act 2010 (Disability) Regulations 2010 is defined as ‘a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.’

**What is your sexuality?**

Heterosexual or straight  Gay man  Gay woman / lesbian  Bisexual  
 Prefer not to say  Other:

**What is your religion?**

No religion  Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  
 Buddhist  Hindu  Jewish  
 Muslim  Sikh  Any other religion, please describe:

**How would you describe your ethnic origin?** The following categories are recommended by the Commission of Racial Equality.

ASIAN OR ASIAN BRITISH (Indian): <input type="checkbox"/>	BLACK OR BLACK BRITISH (Caribbean): <input type="checkbox"/>
ASIAN OR ASIAN BRITISH (Pakistani): <input type="checkbox"/>	BLACK OR BLACK BRITISH (African): <input type="checkbox"/>
ASIAN OR ASIAN BRITISH (Bangladeshi): <input type="checkbox"/>	BLACK OR BLACK BRITISH (Other): <input type="checkbox"/>
ASIAN OR ASIAN BRITISH (Other): <input type="checkbox"/>	
CHINESE OR OTHER ETHNIC GROUP (Chinese): <input type="checkbox"/>	MIXED (White & Black Caribbean): <input type="checkbox"/>
CHINESE OR OTHER ETHNIC GROUP (Any other): <input type="checkbox"/>	MIXED (White & Black African): <input type="checkbox"/>
WHITE (British): <input type="checkbox"/>	MIXED (White & Asian): <input type="checkbox"/>
WHITE (Irish): <input type="checkbox"/>	MIXED (White & other): <input type="checkbox"/>
WHITE (Other): <input type="checkbox"/>	Prefer not to say: <input type="checkbox"/>

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## 11. Conflicts of interest

Conflicts of interest occur when personal connections or interests affect, or are perceived to affect, decision-making in one's role. Conflicts of interest might arise when volunteers or employees work or volunteer for other organisations and are involved in helping that organisation to compete with SJA or when we provide training to volunteers who fail to use that training to support SJA. Usually, conflicts of interest can be managed or resolved, but they do need to be identified first. If you think you might have a conflict of interest, briefly describe the circumstances in the box below. Note: this will not affect the shortlisting process but we may discuss this with you at interview.

Please give details:

## 12. Criminal convictions

Having a conviction will not automatically affect your employment opportunities with St John Ambulance. The nature of any convictions and their relevance to the role for which you are applying will be considered and all information relating to convictions will be treated as confidential.

Do you have any unspent criminal convictions?  Yes  No

**If YES, please complete the rest of this section, If NO please skip to section 13.**

If YES, please provide details.

If the role you are applying for is exempt from the provisions of the rehabilitation of Offenders Act) stated on job/role descriptions) please give details of appropriate spent criminal convictions here?

Do you have a previously issued DBS (Disclosure and Barring Service) certificate?  Yes  No

Are you registered with the Disclosure and Barring Service's (DBS's) online update service?  Yes  No

Does your DBS result show that the check was undertaken at an enhanced level?  Yes  No

What barring list checks are shown on your certificate?

Adult:  Child:  Adult and Child:  Other:  None:  Not applicable:

Do you have any adverse information on your certificate?

## 13. Disclosure of disciplinary action

Part of SJA's duty of care to its patients, young people, volunteers and employees is ensuring that checks are undertaken to identify any issue that may result in an individual being unsuitable for certain roles. To enable us to do this, please provide details of any disciplinary action taken against you to do with patient safety or the safeguarding of young people or vulnerable adults.

Have you had such disciplinary action taken against you? Yes  No

If yes, please give details:

**Thank you:** Your interest in working for St John Ambulance is very much appreciated.

We will be in touch in due course to let you know how we will be progressing your application.