



Please complete in block capitals using black ink or type

Name:

Position Applied For:

Closing Date (if applicable):

1. It is a requirement by Renaissance Personnel that all applicants are able to read, write, speak and understand the English language.
2. Please ensure you bring all requested documentation with you as this will speed up the registration process.

Please return the completed form to:

Renaissance Personnel
Recruitment Section
Southbank House
Black Prince Road
London
SE1 7SJ

Application for employment

(Please use block capitals)

Position applied for:

Where did you hear of this vacancy?

Are you looking for

- Full Time Employment
 Part Time Employment

Areas prepared to work

- Inner London Outer London
 Anywhere in the UK

Personal Details

Mr/Miss/Mrs/Ms/ Dr:

Forenames:

Surname:

Known as:

(Please include any previous names if applicable)

Nationality:

Permanent Address:

Correspondence Address:
(If different)

Daytime Tel No:

Date of Birth:

Evening / Mobile Tel No:

National Insurance No:

What languages do you speak and how fluently?

Do you hold full UK/EU driving licence YES NO

Licence No:

Do you own/have access to a car YES NO

Details of any endorsements:

For Non EU Nationals

Do you have a current work permit? YES NO

If yes, what type and number?

Next of Kin

Name:

Relationship:

Address:

Tel No:

E-mail:

General Education and Qualifications

Secondary Education

From Month/Year	To Month/Year	School/College Name and address	Subjects Taken	Qualifications Gained / Grade

Further Education and Professional Training

From Month/Year	To Month/Year	University/College/Institute Name and address	Course Studied Qualifications Obtained	Date Obtained	Result

Other Relevant Training (e.g. Short Courses, In-Service Training)

From Month/Year	To Month/Year	Training Provider	Title of Course	Date Obtained	Result

Membership of Professional Bodies (e.g. NMC, GMC, CPSM)

Professional Body:

Registration Number/ NMC Pin:

Renewal Date:

Registration Type:

(e.g. full / provisional)

Which part of NMC register?

Employment History- Current/ Most recent Employer

From	To	Name/Address/Tel. of Employer	Position Held/ Outline duties	Final Salary	Reason for Leaving

Previous Employment

Include training and voluntary service if appropriate, and any periods of unemployment (continue on a separate sheet if necessary)

From	To	Name/Address/Tel. of Employer	Position Held/ Outline duties	Final Salary	Reason for Leaving

References

Please give the name, position, address, telephone number and fax number of two suitable (not relatives or friends) professional referees whom we may contact: One of these must be your current or most recent employer.

<p>Name:</p> <p>Position:</p> <p>Address:</p> <p>Name of organisation:</p> <p>Tel:</p> <p>Fax:</p>	<p>Name:</p> <p>Position:</p> <p>Address:</p> <p>Name of organisation:</p> <p>Tel:</p> <p>Fax:</p>
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May we approach this referee prior to interview YES/NO

May we approach this referee prior to interview YES/NO

Additional Information

Please give any further information you feel will support your application (Include why you wish to work for Renaissance personnel, main responsibilities and achievements in your career, courses you have attended, leisure interest and activities, continue on separate sheet if necessary).

Please note that any offer of employment made could be subject to satisfactory health clearance
Please give details of any medical condition past or present which may affect your work:

Please indicate days absent from work through sickness in the last 12 months:

Have you ever been dismissed from any employment YES NO
If yes please give details:

Rehabilitation of Offenders Act 1974

The provisions relating to the non-disclosure of criminal conviction do not apply to certain occupation and activities. The position for which you are applying is one, which is exempted under the above order. Therefore it is necessary for you to disclose any criminal convictions, even if, under the Rehabilitation of Offenders Act, they would be regarded as "spent".

Have you been convicted of any criminal offence? YES NO
Do you have any criminal charges pending? YES NO

If yes to either of the above please give details:

N.B. Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. However, if you are appointed, failure to disclose any criminal conviction could lead to termination of our ability to act as your agent.

Signed

Declaration

1. I confirm that the information set in this form is true and correct, is not misleading and that no material information has been omitted. I understand and agree that if I submit any false or misleading information, this may result in any offer or registration with the Agency being withdrawn, or if already accepted to the agency, in my dismissal.
2. I hereby authorise Renaissance Personnel to secure all information it may require in connection with my application for registration, subject to any specific direction I have made related to contacting my referees.
3. I confirm that I have read and understood the Terms and Conditions of Engagement offered by Renaissance Personnel and agree to be bound by and comply with the same.
4. I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business.
5. I understand that my application is subject to the receipt of satisfactory references, police clearance, (Criminal Records Bureau, CRB Disclosure) and any other checks (where appropriate).
6. I agree to inform Renaissance Personnel of any Changes or additions to the information I have supplied.

Signed: Date:

For Office Use Only

Y/N	1 st Interview	2 nd Interview	Unsuccessful 1 st 2 nd	Appointed
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Private and Confidential

Declaration of Health

Name:DOB:

Home Address:.....

Telephone:

General Practitioners

Name:.....

Address:

Occupational Health Department:

Please answer the following questions by ticking the appropriate YES/NO box. If the answer to any question is YES then please give details in the space provided. A Yes answer does not mean you will be discredited for employment, in fact it enables us to carry out a health and safety risk assessment to ensure that you are given appropriate work and that you get the right support you need. It is your responsibility to inform us immediately if any of the following information changes.

Have you ever had in your life, including childhood, any of the following?

DESCRIPTION OF ILLNESS	YES	NO	DETAILS /DATE
1. Heart/circulation Illness/Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Blood Disorders e.g. Anaemia, Haemophilia	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Eye Disease/Injury or Defect of eyesight	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Asthma, Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Bronchitis, Pneumonia, Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Epilepsy, Frequent Fainting Attacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Headaches, Migraine	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Psychiatric Treatment	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Dermatitis, Psoriasis, Eczema, skin Sensitivities	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Hearing Loss, Frequent Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Hepatitis/Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Bladder Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____

	YES	NO	DETAILS/DATES
16. Gynaecological Problems, Painful periods	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Gastric Ailments, Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Back Pain, Sciatica or Deformities of the spine	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Do you have deformities any which affects movements ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Are you receiving any Medication from the Doctor?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Have you ever been treated at hospital?	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Are you registered Disabled Person?	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Date and Result of last X-ray	<input type="checkbox"/>	<input type="checkbox"/>	_____

Have you ever been vaccinated, Immunized or Tested for / against any of the following

Tuberculosis including BCG	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heaf, Mantoux or Time	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rubella (German Measles)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis B Antibodies Date & Result	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIV	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any Other: _____

Height:..... Weight:

I declare that all the above statements are true and complete to the best of my knowledge and belief. I hereby give Renaissance Personnel the permission to contact my general Practitioner to obtain further information should it be required.

Signed: Date:

Equal Opportunities at Renaissance Personnel

Renaissance Personnel is committed to equal opportunities for all. This means that everyone that we employ or who works for us has the same opportunities, whatever their gender, marital status, race, colour, nationality, ethnic origin, age or disability.

We need to ensure that our policy is working in practice and, to help us, we ask you to provide the following information about yourself. Should you be successful in your application for employment, this information will be transferred onto a confidential file that holds records of all the people working for Renaissance Personnel.

The information provided will be kept separate from this application form and will be used solely for monitoring purposes. It does not form part of the selection process.

Position applied for:
Date of Birth:
Place of Birth:
Gender: Male/Female
Nationality:
Religion:
Marital Status:
Single <input type="checkbox"/> Married <input type="checkbox"/>
Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Other (please specify):
I do <input type="checkbox"/> do not <input type="checkbox"/> have a disability
The effect of my disability to carry out day-to-day activities is:

Ethnic Origin
Asian (Bangladeshi) <input type="checkbox"/> Asia (Chinese) <input type="checkbox"/>
Asian (Indian) <input type="checkbox"/> Asian (UK) <input type="checkbox"/>
Asian (Pakistani) <input type="checkbox"/>
Other Asian (please specify)
Black (African) <input type="checkbox"/> Black (UK) <input type="checkbox"/>
Black (Caribbean) <input type="checkbox"/>
Other Black (please specify)
White (Irish) <input type="checkbox"/> White (UK) <input type="checkbox"/>
White (European) <input type="checkbox"/>
Other White (please specify):
None of the above (please specify):

Signature:.....

Date: