

Application Form

RO06

Title of post applied for:		Job Ref:		
Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type. CONFIDENTIAL				
1. PERSONAL DETAILS (BLOCK CAPITALS PLEA	ASE)			
Surname:		Initials:		
Former surnames if different:		Preferred Name or Title (Optional):		
Address		Tel No (home):		
		Tel No (business):		
		Tel No (mobile):		
		Fax No:		
E-Mail address:		Nat. Insurance No:		
Nationality If you are not a Britis not have the permover work permit.		n passport holder or a European Citizen, or you do nent right to remain in the UK, you will require a		
Do you need a work permit to be employed Yes No in the UK?	If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this post.)			
Where did you learn of the post?				
2. EDUCATION AND PROFESSIONAL QUALIFICATIONS				
(Original documents as proof of qualification will be required at interview.)				
Secondary School / College / University Examinations		ations taken	Result	

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Professional Qualifications currently held: how obtained and grade:		
Other relevan	t Educational or Training Courses:	
3. PRESENT POST		
Title of Post:	Salary/Grade:	
Name of Employer:	Business of Employer:	
Address	Date Commenced:	
	Date Ended (if applicable):	
Please outline your responsibilities, to whom you	u are responsible and staff responsible to you (if applicable):	
Reason for leaving or wishing to leave		
Period of notice required to terminate		

P&R Health Care Solutions is the trading name for P&R Services, Investments and Trading Ltd.

present employment:

available for interview:

Please notify us of any dates you are

4. PREVIOUS EMPLOYMENT

(Please use continuation sheet if necessary.)

(Please use continuation sheet if necessary.)				
Name and Address of Employers	Position(s) held	Reason for leaving	Final grade/salary	
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Employers				
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5. Relevant skills, abilities, knowledge, experience and your reasons for applying for this job	
P&R Health Care Solutions is the tradina name for P&R Services, Investments and Tradin	na I td

6. Other Information

What activities outside work interest you? (State any positions held you consider relevant.)					
Do you hold a curr	ent driving licence?	Yes	No	Do you have access to a car? Yes No	
Disabilities					
If selected for inter of a disability?	view, do you require any s	oecial arrar	ngement	s to be made on account Yes No	
				our day-to-day activities, and any other informat g your interview and fulfill our obligations under	
7. References					
Title (Mr, Mrs etc):			Title (Mr,	Mrs etc):	
Full Name:			Full Nar	ne:	
Job Title:	Job Title:				
Organisation:	Organisation:				
Address			Addres	S	
Tel No:			Tel No:		
E-mail address:			E-mail c	address:	
Fax No:			Fax No:		
Please state if we r		No		state if we may obtain this Yes No	

8. Declaration

recruitment.

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my		
employment.		
Signature:	Date:	
Name		
The information provided by you on this form as an applicant will	be stored either on paper records or a computer	

system in accordance with the Data Protection Act 1998 and will be processed solely in connection with