

Application Form

ALL THE INFORMATION YOU SHARE AND/OR SUPPLY WITHIN THIS FORM IS BE TREATED IN THE STRICTEST OF CONFIDENCE. APMS WILL KEEP ALL INFORMATION SECURE AND WILL NOT SHARE YOUR INFORMATION OUT-WITH THE COMPANY, ONLY THOSE WITH THE RELEVANT INTERNAL PRIVILEGES SHALL HAVE ACCESS TO YOUR INFORMATION FOR PROCESSING.

WHERE APMS NEED TO SHARE YOUR INFORMATION IN ORDER TO GAIN LAWFULLY REQUIRED INFORMATION YOU WILL BE ADVISED IN ADVANCE AND GIVEN YOUR EXPLICIT RIGHT TO WITH-HOLD INFORMATION. ALL NECESSARY INFORMATION ABOUT OUR PROCESSING IS PROVIDED TO YOU IN OUR APPLICANT PROVOC STATEMENT AND WITHIN THE APPLICATION FORM COMPLETION GUIDELINES, ADDITIONAL SUPPORT AND REQUESTS WILL BE DISCUSSED AT RELEVANT STAGES THROUGHOUT YOUR PROGRESS.

PLEASE ENSURE YOU READ ALL ACCOMPANYING DOCUMENTATION, WHILE COMPLETING YOUR APPLICATION AND BEFORE SUBMISSION.

Section 1 Personal Details

1A: Contact Information

Title:		Last Name:		AGE:	
First Names:					

Address:	
Town/City:	
District:	
Postcode:	

Home Telephone Number:			
Work Telephone Number:			
Mobile Telephone Number:			
E-mail address:			
Preferred contact method	Mail <input type="checkbox"/>	Phone <input type="checkbox"/>	Email <input type="checkbox"/>

1B: Eligibility Information

Your Nationality?	EU		NON-EU			
Are you eligible to work in the UK?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require (have yet to obtain) a UK working VISA?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you hold a UK working VISA?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your VISA detail any working restrictions?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Evidence available upon request (where applicable)			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

1C: Driving Eligibility Information

Do you hold a full UK driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Do you hold an alternative (EU) license?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Do you hold a non-EU license?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Can you provide proof of your driving license?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Please define all non-UK license place of origin						
Where applicable; Do you have any driving points or convictions? (whether spent, unspent and/or pending?)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Can you provide evidence of any convictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Please detail any convictions; including dates, codes within this box:						
1.						
2.						
3.						
4.						
5.						
6.						
Please continue on a separate page where necessary; thank you.						

1D: Rehabilitation of Offender's Act (1974 ^ 2001)

Criminal convictions - Declaration subject to the Rehabilitation of Offenders Act 1974 (amended 2001)

Please note that ALL criminal convictions MUST be declared, whether driving related (or not); this includes ANY unspent and or pending criminal convictions.

Furthermore, please be advised that should your application be successful and where (APMS and YOU the applicant), reach the point within your application process where APMS are duty bound to perform all relevant background checks, including but not limited to: Driving and criminal record checks. You are within your rights to refuse this check; although without this information it will directly affect our decision of employment.

Having a conviction will not automatically affect your employment opportunities with APMS Ambulance Service Ltd. APMS treats this information with the strictest of confidence, 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. All opportunities affected by any convictions will be discussed with you. And where possible an alternative vacancy may be offered. Providing your pre-disclosure matches the disclosure and barring information being requested with your approval.

However, should we be notified of anything to the contrary to your declarations, this will result in all offers of employment being withdrawn. (where applicable any loss incurred by APMS due to intentional and/or miss-direction from you the applicant an associated bill for such losses may be sent via APMS to you for payment.

Please be aware that under our contracts with third parties, APMS are governed by additional security checks when employing ALL staff, a Police Check or (DBS); is required for posts employing people to whom will have access to children or vulnerable adults. Therefore, in order for APMS to meet our lawful/contractual needs as a business; it is deemed a lawful necessity that a police check will be undertaken via the Disclosure & Barring Service (DBS).

There are three levels of disclosure – basic, standard and enhanced. You should be aware that APMS Ambulance Service Ltd will apply for **enhanced disclosure** for all posts. This means that national and local police checks are undertaken. Should you require further information on the disclosure process please contact the Disclosure & Barring Service.

During your employment with us, you will be expected to verify that there have been no changes to your last application and on an annual basis, furthermore a FULL re-check is required every third year. If during your employment with APMS Ambulance Service Ltd, you are notified of any conviction, pending or otherwise, it will be your responsibility to inform us of any convictions at the time they arise. Failure to do so will be dealt with under the company's gross misconduct policy and you may be dismissed on these grounds without notice.

Have you ever been convicted of a criminal offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you any prosecutions pending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, please give details / dates of offence(s) and sentence:	
1	
2	
3	
4	
5	
6	

Please continue on a separate page where necessary; thank you.

Section 2: Personal Development

2A: Standard Schooling and Further Education (non-regulatory healthcare body i.e. NMC)

Attendance dates:		Please provide relevant details from secondary education onwards, with the most recent or highest qualification listed first.	Awarding body, name of establishment
From	To		

If you have provided a CV; which includes the above information in full, please cross through the above, initial and date; write the comment provided on CV attached, thank you

Have you included a current CV?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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2B: Further Education (Regulatory Body)

Attendance Dates:		Course attended Qualification obtained	Name of Regulatory Body & PIN		Awarding body, name of establishment			
From	To							
			1					
			2					
			3					
			4					
Can you provide evidence of your qualification/s within the regulatory body indexing system?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you currently have any restrictions to practice?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES can you provide any details? (please use box below, score through if non-applicable)					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Please provide information/evidence where identified and/or required				

If not disclosed at this stage, we may require a discussion and/or evidence further in to our interview process

Section 3: Regulation 5 (Fit and Proper Person)

3A: Fitness to Practice

This applies to all staff with a statutory requirement to be registered in order to practice within their profession. (The list below is not limited to) ALL:

Medical Practitioners (surgeons)
 Medical Practitioners (consultants/GP)
 Medical Practitioners (DR) all other fields
 Medical Practitioners (Paramedic) all fields
 Nursing & Midwifery staff. All fields
 registered Healthcare Professionals All fields
 Healthcare Professionals and Technical All fields
 Scientific and Professional Healthcare related

If the above is relevant to this post to which you are applying please answer the following questions:

1	Are you currently the subject of a fitness to practice investigation or proceedings by a licence or regulatory body in the UK and/or in any other county;	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2	Have you been removed from the register or had conditions placed? on your registration by the fitness to practice committee of a licensing or regulatory body in the UK or any other Country?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3	Are you currently subject to any safeguarding restrictions? And/or Safeguarding investigations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3B: Fitness and Ability

Please refer to the job specific role description, this will detail all physical activities required to fulfil any role,

Do you consider yourself to have a disability? Please note that by "disability" we mean a physical or mental impairment that is expected to last for at least 12 months and has a substantial adverse effect on your ability to carry out normal day-to-day activities.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES are you able to provide details?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3C: Internal Relations

<p>Are you related to a member of/an employee of APMS Ambulance? If yes, please provide details: (please note this will not affect your application)</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>YES:</p>				

Section 4: Your Employment History

4A: Previous Employers

Please list employment details for last 10 years starting with current or last employer				
Employment Dates		Employer/ Company Name & Address	Job Title List of main Responsibilities:	Reason for Leaving
From	To			

Employment Dates		Name & Address	Job Title List of main Responsibilities:	Reason for Leaving
From	To			
<p>If you have provided a CV; which includes the above information in full, please cross through the above, initial and date; write the comment provided on CV attached, thank you</p>				
<p>Have you included a current CV which includes this information?</p>			<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

4B: Additional 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.
This section has a maximum length of two sheets of A4 paper.

If you have provided a CV; which includes the above information in full, please cross through the above, initial and date; write the comment provided on CV attached, thank you

Have you included a current CV which includes this information?

Yes

No

Section 5: Equal Opportunities

It is the aim of APMS Ambulance Service Ltd to ensure that no job applicant or employee receives less favourable treatment on the grounds of sex, race, colour, religion, marital status, sexuality, age or disability; or, is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable.

This information is used solely for monitoring purposes and will be treated as confidential. The monitoring form will be provided separate to your main application, APMS will be great full if you can return this form separately to the recruiting manager for. Any information provided will not be used as part of the selection process.

To ensure that the equal opportunities policy is adhered to, it is necessary to collect equal opportunities information; however, in no way are you required to complete this form, although your cooperation is greatly appreciated.

Section 6: References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.
(NB. References will only be taken if you commence employment with us)

Reference 1		Reference 2	
Name		Name	
Role		Role	
Company		Company	
Address		Address	
Tel		Tel	
Email		Email	
Your Role		Your Role	
Dates from/to		Dates from/to	

Section 7: Interview Availability

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.	
Are there any restrictions on your availability for training?	

Section 8: Declaration

I confirm that the information provided in this application and within my Curriculum Vitae is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

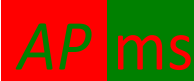
Signed:

Date:

APMS Ambulance Service Ltd will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998, The General Data Protection Regulations 2018, and all other governing legislations.

Section 9: Submission Checklist

- APMS application form
- Your CV
- Equal Opportunities monitoring form
- Applicant privacy, signed conformation page
- Anything else (please specify)



Ambulance Service