



Application Form

Position applied for:

Title:

Address:

First Name:

Known As:

Town/City:

Middle Name(s):

County:

Last Name:

Postcode:

Gender:

Male

Female

Date moved to
this address:

Email:

Date of Birth:

Tel: Home

Nationality:

Tel: Mobile

How did you
hear about
us:

Current Work Status

Current Work Status:

Self Employed or PAYE:

Driving License:

Car Owner:

Do you have a vehicle to use?

Do you have Business insurance?

YES

NO

YES

NO

YES

NO

YES

NO



CAREER HISTORY

Please confirm your career history details for the last 10 years. Please list most recent first.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Main duties		Reporting to:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Main Duties:		Reporting to:	
Reason for leaving:			



Employer:			
Address:			
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Main duties:		Reporting to:	
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Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Main duties:		Reporting to:	



Reason for leaving:	
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Have you ever suffered from any of the following:

Heart/Circulatory Illness/Hypertension	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Asthma/Hay fever	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bronchitis/Pneumonia/Pleurisy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Headaches/Migraine	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Psychiatric Illness/Anxiety/Depression	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dermatitis/Psoriasis/Eczema	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Back problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recurrent infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hepatitis/Jaundice	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you taking any prescription drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered yes to any of the above questions please give details below:



Have you been vaccinated against Covid -19?

Injection 1	Injection 2	Injection 3	Any further Covid injections?
Date:	Date:	Date:	Date:
If no, please explain why?			



REFERENCES

Ace 24 Consultancy requires 2 professional references.

It is essential that you have had professional dealings with both of your references within the last 2 years.

Name Of Referee:	_____	Place of Work:	_____
Position	_____		
Work Address:	_____		
Country:	_____	Postcode:	_____
Telephone Number:	_____		
Email:	_____	Mobile Phone:	_____

Name Of Referee:	_____	Place of Work:	_____
Position	_____		
Work Address:	_____		
Country:	_____	Postcode:	_____
Telephone Number:	_____		
Email:	_____	Mobile Phone:	_____

DISCLOSURES

Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the order applies and should be entered at the end of any particulars you give in support of your application.

A copy of our written policies is available upon request. A criminal record will not necessarily be a bar to obtaining a position.

Have you ever been convicted of a criminal offence?

YES NO

Do you have any spent or unspent criminal convictions or cautions?

YES NO

With an enhanced disclosure, under section 4.2 of the Rehabilitation of Offenders Act 1974 (exemption order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautions or reprimands?

YES NO

Have you ever been involved in court proceedings?

YES NO



DECLARATION

I confirm that the information I have provided in support of this application is complete and true and that knowingly to make a false statement could be a criminal offence.

Signature: _____

Date: _____

GDPR

The information shall be used and referred for purposes of knowing, understanding, and validating the information in relation to the qualifications for which the applicant is applying for purposes of recruitment and if successfully recruited, for information keeping and administration of employment with the Human Relations Department of the Company.

The Company shall treat all personal information with the utmost confidentiality in line with the standards of data protection required by the EU General Data Protection Regulation (GDPR).

I consent to Ace 24 consultancy checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

I agree that all the information collected in this form is necessary, the gathering information about me, as the applicant for the job and for the position that I am applying for.

I agree

YES

NO

Signature: _____

Date: _____

Ace 24 Consultancy Ltd retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

Please send the completed application form to the following address:

jane.neil@ace24healthcare.com (for Admin Post Only)

