

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN FULL EVEN IF ENCLOSING CV

1.

| | |
|------------|-----------|
| Job Title: | |
| Surname: | Initials: |

2.

Brief summary of experience, skills and personal attributes relevant to the job (space is provided overleaf for full employment history)

3.

Main qualification(s) relevant to the position sought (space is provided overleaf for full listing of qualifications)

4.

Membership of Professional Bodies:

5.

| | | |
|---|--|--|
| EMPLOYMENT SINCE LEAVING SCHOOL, COLLEGE OR UNIVERSITY | | |
| PRESENT/MOST RECENT EMPLOYER | | |
| <p><u>Position Held</u></p> <p><u>Start Date</u></p> <p><u>Leaving Date</u> (If applicable)</p> <p><u>Employer Name & Address</u></p> <p><u>Period of Notice Required</u></p> <p><u>Salary</u> (Indicate Overtime and Bonus Payments Separately)</p> | <p><u>Nature of Duties</u></p> <p><u>Reason for Leaving or wishing to leave</u></p> | |
| PREVIOUS EMPLOYMENT (Most Recent First) | | |
| Dates | Position Held | Nature of Duties & Reason for Leaving |
| From To | Employer Name & Address | |
| | | |

6.

| QUALIFICATIONS | | | | |
|------------------|--|-------------------------------------|---|----------------|
| Dates From To | | Universities, Colleges & Schools | Details of Subjects & Levels Studied | Results |
| | | Current Study | | Likely Results |
| | | Past Study | | |

7.

Any other relevant information to support your application (e.g. publications / articles and any other additional information)

8.

| | |
|------------------------------|----------------------|
| PERSONAL DETAILS | |
| Address (For correspondence) | Telephone Number(s): |
| | E-mail address: |

9.

| | |
|--|--|
| REFERENCES | |
| Please give names, addresses & professions of two referees whom we can approach for an opinion of your work. | |
| 1. Name Job Title Address Telephone E-mail | 2. Name Job Title Address Telephone E-mail |
| When may we approach this referee? (Now/After Interview/After offer) | When may we approach this referee? (Now/After Interview/After offer) |
| Is this your present employer? Yes / No | Is this your present employer? Yes / No |

| | |
|---|----------------|
| I declare that the information given in this document is correct to the best of my knowledge and belief. I understand that any wilful untruths render me liable to disqualification or to dismissal, if engaged. | |
| Signature | Date |
| | |

THIS FORM SHOULD BE SENT TO:

**Vacancy Application
Aurora Health Physics Services Ltd
3 The Terrace
Library Avenue
Harwell Oxford
Didcot
OX11 0SG**

SUPPLEMENTARY INFORMATION

The supplementary information asked for on this form is required for administration purposes, equal opportunities monitoring and compliance with current employment law. This form will be separated from your application form immediately upon receipt and will be kept in strict confidence.

1.

Job title.

Personal Details

Information in sections 2 a) – c) is required for recruitment administration. It will be placed on a database and kept in strict confidence. If your application is successful, the information in sections 2 a) – c) will be placed on Human Resources and payroll databases and used for administration purposes.

2.

| | |
|--|------------------|
| a) Surname | b) First Name(s) |
| c) Title: Prof Dr Mr Mrs Miss Ms Other..... (Please circle) | |

EQUAL OPPORTUNITIES MONITORING

Aurora Health Physics Services is committed to ensuring that all job applicants and staff have an equal opportunity for employment and advancement regardless of gender, marital status, ethnic origin, disability or sexual orientation. In order to help us assess the effectiveness of this policy and, if appropriate, identify areas where improvements are necessary, it is important that you complete sections 3 and 4 below.

Information given in sections 3 and 4 will not be used in the selection process, but will be placed on a Human Resources database, used in compiling equal opportunity statistics, and kept in strict confidence.

3.

| ETHNIC ORIGIN (Not Nationality) | | | |
|----------------------------------|--|--------------------------------|--|
| (Please tick as appropriate) | | Indian | |
| White | | Pakistani | |
| Caribbean | | Bangladeshi | |
| African | | Chinese | |
| East African | | Asian Other | |
| Black Other (Please describe) | | Any Other (Please describe) | |

4.

| | |
|--|----------------|
| Gender: Male Female (Please circle) | Marital Status |
|--|----------------|

Information given in sections 5 and 6 will not be seen by the selection panel when making the decision to select for interview. However, the selection panel may be made aware of any information given before the interview taken place, after selection for interview.

5.

THE DISABILITY DISCRIMINATION ACT 1995

Definition of Disability: A physical or mental impairment that has a substantial and long term adverse effect on the ability to carry out normal day to day activities.

Do you consider yourself to be disabled?

Yes / No (Please circle)

If Yes, Please specify the nature of the Disability

Are there any adjustments which need to be made for the purpose of:

a) The interview?

b) The job?

Please note: All candidates who are invited for interview will be asked to complete a more comprehensive and confidential medical form. If a candidate is successful at interview, the medical form will be reviewed by the Occupational Health Centre practitioners (medical forms of unsuccessful candidates will be destroyed). Following this review, a medical examination may be required to determine fitness for work. A report making a recommendation for employment will be sent from our Occupational Health Centre practitioners to Human Resources prior to an offer of employment being made.

6.

THE REHABILITATION OF OFFENDERS ACT 1974

Do you have an unspent criminal record under the Rehabilitation of Offenders Act 1974?

Yes / No (Please circle)

If "Yes", what was

a) The nature of the offence?

b) The date of the offence?

7.

I certify that the information in this document is correct to the best of my knowledge and belief. I understand that any wilful untruths render me liable to disqualification or to dismissal, if engaged.

Signature

Date

This form must be returned with the application form