

# APPLICATION FORM

## IN CONFIDENCE

### Notes for applicants:

1. Please complete this form in black or blue ink or type as it will be photocopied.
2. Curricula Vitae may be sent but will only be used as supplementary information.
3. Use additional sheets if necessary.
4. Please return this form marked 'Private & Confidential' to:

**Human Resources  
The Sussex Beacon  
Bevendean Road  
BRIGHTON BN2 4DE**



Alternatively, save this form to your computer, fill in the details on the form and then email your application to:  
**hr@sussexbeacon.org.uk.**

5. Please refer to the **Application Notes** before beginning to complete the form. If you have any difficulties in completing the form, please contact the Human Resources Department by e-mail: **hr@sussexbeacon.org.uk** or by phone (**01273 694222**).

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### Personal Details:

Surname: \_\_\_\_\_

Forename or Initials: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

If this can be used

Evening Telephone Number: \_\_\_\_\_

If this can be used

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**Post applied for:**

**Closing date:**

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**Please indicate when you would be able to take up the post if selected:**

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Have you made any previous applications to The Sussex Beacon?:

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If so, when and for which post?:

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Salary in present/last employment:

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Where did you hear about the post?:

**Present Employment:**

Employer	Department and Post Held	Grade, Salary or Wage	Date From

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**Previous Employment:**

Please begin with the most recent

Employer	Department and Post Held	Reason for Leaving	Date From	Date To

## Education & Qualifications of Relevance to the Post:

Please begin with the most recent

Examination or Qualification and Method of Study	Examining Body, Educational Establishment, or Membership Number	Date or Expected Date of Qualification	Level and Grade or Part

## Registration Details (for nursing applicants only):

If you are applying for a **nursing post**, we are required by the Health Care Commission to check your **NMC** registration. In order to do carry out the check, we will need your date of birth. **Please ensure that you complete and return the attached Equal Opportunities Monitoring form on a separate sheet.**

Qualification Registered	Registration Body	Registration/ PIN Number	Date of Registration	Date of Renewal

**Experience (paid or unpaid), Memberships/Offices Held of Relevance to the Post:**

*Please pay attention to the job description, but address your answers below to the **Person Specification**, addressing **and numbering** each criterion in turn and demonstrating personal attributes and essential experience, i.e. education/qualifications, key skills and competencies, attitude and approach, general and desirable. Continue on additional sheets if necessary.*

**Rehabilitation of Offenders Act:**

This post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are not entitled to withhold information when asked about convictions which for other purposes are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Information given will be completely confidential.

Have you ever been found guilty of a criminal offence? Yes  No

If yes, please give details: .....  
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**Asylum & Immigration Act**

Please provide your National Insurance Number \_\_\_\_\_

If you are not able to give your National Insurance Number, do you have evidence of your entitlement to work in the United Kingdom? - e.g.:

- a passport confirming that you are a British Citizen or a European Economic Area national, or that you are otherwise entitled to live and work in the UK;
- a birth certificate confirming birth in the UK or Republic of Ireland;
- a letter from the Home Office naming you and confirming that you are allowed to work.

Yes  No

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**Referees:**

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 professional references. If you are, or have been, employed these should be your two most recent employers, your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post.

If you are a student please provide contact details of a teacher at your school, college or university.

**Please note that personal references such as friends and relatives are not acceptable.** For medical or financial posts you may be requested to provide a 3rd reference.

Referee Name: .....

Referee Job Title: .....

Organisation: .....

Address: .....

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Post Code: ..... Tel.Number: .....

Relationship: .....

May we contact this referee prior to interview? Yes  No

Do you wish to be informed before this referee is contacted? Yes  No

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Referee Name: .....

Referee Job Title: .....

Organisation: .....

Address: .....

.....

.....

Post Code: ..... Tel.Number: .....

Relationship: .....

May we contact this referee  
prior to interview?      Yes  No

Do you wish to be informed before  
this referee is contacted?      Yes  No

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**Declaration:**

I declare that the information given in this application is correct to the best of my knowledge. I understand that, in the event of employment, I could be dismissed without notice if I have deliberately given false information. I am prepared to have a medical examination if asked to do so.

Signed: .....

Date: .....

***The Sussex Beacon upholds its philosophy towards equity of opportunity in employment and is committed to embracing diversity when considering all employment applications.***