



Acorn Medical Services



Application form

Once completed:

Please return this application to us via email: recruitment@acornmedicalservices.co.uk

In addition to completing the boxes below, we also require a copy of ACT awareness certificates (blue is required, and red if you have it but not necessary - which must have been completed within the last 12 months). Here's the link: <https://ct.protectuk.police.uk/>

We also require a photo of an in-date passport/driving license, your FREC 3/4 or paramedic certificate/s, your enhanced DBS which must be registered on the checking system and a passport photo of yourself.

Position Applied for	Event medical staff
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Personal Details

Full Name		Date of Birth	
Address			
Telephone		Email Address	
Mobile Telephone		NI Number	

Education and Training

Please provide details of all relevant medical & other courses you have attended or qualifications which you hold. Please note that holding an ACT certificate dated within the last 12 months is a condition of employment with Acorn Medical Services.

Additional information	
Do you hold a full UK Driving Licence?	Yes / No
Do you have any penalty points on that licence?	Yes / No

Professional or other registrations

Please complete this section if you hold Registration with a Professional Body (such as the General Medical Council, HCPC or Nursing and Midwifery Council) or HPAC.

Professional Body			
Profession		Registration Number	
Expiry Date		Date of Revalidation	
Do you meet your professional bodies requirements for registration?	Yes / No		

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Employment History *Please provide details of your current and most recent employers within the last five years.*

Employer Name			
Address			
Type of Business		Telephone Number	
Your Job Title		Grade / Band	
Date of Employment		Reason for Leaving	
Managers Name		Contact Details	
Duties / Responsibilities			

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Duties / Responsibilities			

If you have **ANY** gaps within your employment history within the last five years, please give details below:

References

Please provide details of two references who can be contacted. They should not be related to you and one should be able to provide an employment reference for you.

Type of Reference	Professional / Current Employer / Character / Personal		
Full Name			
Organisation			
Address			
Mobile Telephone		Email	
Relationship		How long have they known you?	

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Full Name			
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Right to Work

Please answer the following questions regarding your right to work within the United Kingdom.

Do you have right to work within the United Kingdom?	Yes / No
Are you able to produce evidence to support your right to work?	Yes / No

Safeguarding

Do you hold a current DBS Check certificate?	Yes / No
Certificate Number:	Date of Issue?
Have you added this certificate to the DBS Update Service?	Yes / No
Do you give Acorn Medical Services (AMS) permission to conduct an enquiry with the Update Service as part of the recruitment process?	Yes / No

Please answer the following questions. If you answer yes to any, please provide further details in the Additional Information Box below.

Are you currently bound over or do you have any current 'UNSPENT' convictions, cautions or final warnings that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?	Yes / No
Are you currently bound over, or do you have any convictions, cautions, reprimands or final warnings which would not be protected (i.e. filtered) as defined by the Exemptions Order 2013 that have been issued by a Court or Court-Martial in the United Kingdom or in any other Country?	Yes / No
Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children?	Yes / No
Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with adults?	Yes / No

Fitness for Role

Please answer the following questions.

I am aware of a health condition or disability that might impair my ability to undertake effectively the duties of the position that I have applied for?	YES/NO
I have a health condition or disability that might affect my work and may require special adjustments to my work or my place of work?	YES/NO
I have a health condition/disability that I feel my employer should be aware of?	YES/NO
<i>If you have answered YES to any of the fitness questions above please provide further details here.</i>	

Additional Information Box

Please use this box to add any further information which would support your application, or that we have requested. All the information you provide will be treated with the strictest confidence, and held in accordance with current GDPR legislation.

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Declaration

By my signature below I declare that the information in this application form is true and complete. Further, I agree that any deliberate omission, falsification or misrepresentation on the application form will be grounds for rejecting this application or subsequent instant dismissal if already working for AMS.

Where applicable, I consent that AMS can seek clarification regarding my professional registration details.

I understand that this is not a directly employed position, and that I am responsible for my own tax and NI affairs under IR35.

Sign & Print Name		Date	
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