



## Lawrence Nurses JOB APPLICATION FORM

*Please type your application if possible*

### Personal Details

Title		Surname/Family Name	
First Name		Email Address	
Address			
County		Postcode	
Daytime Telephone Number		Evening Telephone Number	

Post applied for	
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## Current Responsibilities

*Details of current employment - if you are not employed please describe what you are doing at the moment*

Post Title			
Employer Name		Employer Address	
Employer Contact Number		Date Started	
Please describe below your role and responsibilities in this post			
Please describe below other responsibilities you have at the moment e.g. parent, voluntary work, job details. This is particularly important if you are currently not in paid employment			

**Paid and Voluntary Work History - including gaps**

*You must give full details and include all paid work and periods of non-employment, such as travelling, caring for family, unemployed etc. from age 18 to present – covering any gaps in time*

Job title or role	Your role, responsibilities and details of the organisation you worked for <i>Please state hours/week worked and indicate if it was voluntary or paid employment</i>	Employer Details		Start date	End date	Why did this end?
		Organisation	Address and contact number			

**Paid and Voluntary Work History continued**

Job title or role	Your role, responsibilities and details of the organisation you worked for <i>Please state hours/week worked and indicate if it was voluntary or paid employment</i>	Employer Details		Start date	End date	Why did this end?
		Organisation	Address and contact number			

**Relevant Skills and Experience**

Use this space to explain how you meet the criteria on the person specification. Demonstrate how you meet the requirements of both by giving relevant details of your experience, skills and knowledge, gained in employment, voluntary work, or otherwise. Explain why you are applying and why you feel you are suitable for this post. You are welcome to add additional sheets if required. Your response to this section will be especially relevant in this recruitment.

[Empty response area for relevant skills and experience]

Use this space to explain how you meet the criteria on the person specification. Demonstrate how you meet the requirements of both by giving relevant details of your experience, skills and knowledge, gained in employment, voluntary work, or otherwise. Explain why you are applying and why you feel you are suitable for this post. You are welcome to add additional sheets if required. Your response to this section will be especially relevant in this recruitment.

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**Relevant Training and Education**

*Please give details of any training or education you have completed that will be useful in the job you are applying for*

Title of course, training or exam	Description	Name and address of training provider or educational setting	Date started	Date ended	Result, grade or award

**NMC Registration**

Pin Number	Revalidation Date

**Further Details**

When will you be available to start work?

This post is subject to an appropriate Disclosure and Barring Enhanced Check. Any appointment will be subject to references and appropriate checks being completed. Please indicate if you have any criminal convictions or there are reasons why you may not be considered to be appropriate to work with children or vulnerable adults:

*Please indicate how you found out about this post*

LHNT Website	Recruitment Website (please specify)	Social Media
Email	Word of mouth	Other (please specify)

**References**

Please provide details of two referees who have known you in a professional capacity for at least 2 years. One should be your current or more recent employer (paid or unpaid). These will be contacted prior to interview. Please indicate if you would rather we did not.

<b>Referee 1</b>			
Full Name		Position	
Organisation		Capacity known	
Contact Telephone No.		Alternative Telephone No.	
Email Address			

<b>Referee 2</b>			
Full Name		Position	
Organisation		Capacity known	
Contact Telephone No.		Alternative Telephone No.	
Email Address			

**Declaration**

I certify that to the best of my knowledge the information given on this form is correct.	
Signature	Date:

**Thank you for completing your application form. Please email it to: [Sam.dulley@lawrencenurses.org](mailto:Sam.dulley@lawrencenurses.org)**