



LIFELINE UNITED

APPLICATION FORM

Please complete this form in black ink and complete all sections

Position Applied for	
Your Surname and Initials	

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

NMC pin number (NURSES) (please enclose copy of statement of entry and pin card)	Expiry Date
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1. Personal Details

Title		Surname		First Name	
Previous surnames (if any)					
Forenames (in full)					
Address				Post Code	
Telephone	Home		Work		Mobile

Email address			Nationality	
Eligibility to work in the UK	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date of Birth		National Insurance Number		
Next of Kin to be notified in case of emergency:			Relation:	
Address				
				Post Code
Telephone	Home	Work	Mobile	
Relationship to you				

2. References

References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

Name, Address and Post Code		Name, Address and Post Code	
Telephone Number		Telephone Number	
Position		Position	
Relationship to you		Relationship to you	
Email: _____ May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate		Email: _____ May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate	