**HEALTHBUS APPLICATION**

1. **Your Details**

**First Name:**

**Last Name:**

**Email:**

**Mobile:**

**Date of Birth:**

**2.0 Applying for Position:**

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| HEALTHBUS CLINICAL ADMIN ROLE |

**3.0 Right to work**

*All employees are obliged to provide original documentary evidence of their right to work in the UK prior to commencing employment.*

*If you are a British or Irish citizen, you simply need to prove this using:*

* *Either a passport (current or expired)*
* *Or your birth certificate and a document containing your National Insurance Number (NI card, P45, P60 etc).*

*If you are unsure about your rights or how to prove them, please refer to the following guidance:*

* *Gov.uk -Prove your right to work to an employer*
* *Citizens Advice – Check how to prove your right to work in the UK*

3.1 **Do you have the right to work in the UK?**

**Please indicate which applies to you:**

Yes, I am a British or Irish Citizen

Yes, I am a visitor with a Right To Work

I require a certificate of sponsorship from an employer to apply for a visa

I don’t know, but I will check

3.2 **Proof of right to work**

If applicable, please include your right-to-work share code (e.g. A1234567G)

and detail any restrictions.

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**4.0 Covering Letter & CV**

4.1 Please email a covering letter and CV to [admin@healthbus.co.uk](mailto:admin@healthbus.co.uk) before the application deadline.

These should contain as a minimum:

**Covering Letter:**

* Why you have applied for this job.
* Why you think you are the best person for this role.

**CV:**

* Education & relevant qualifications
* Full employment history
* Skills & experience that satisfy the job description

**5.0 References**

*References will not be contacted until you have been offered and accepted the position.*

5.1 **Personal References**

Someone who has known you well for a least 2 years and can speak to your strength of character. This person cannot be a family member.

**Full Name:**

**Email:**

**Telephone:**

**Nature & Duration of Relationship:**

5.2 **Professional Relationship**

Someone who knows you in a professional capacity and can speak to your suitability to the role.

**Full Name:**

**Email:**

**Telephone:**

**Nature & Duration of Relationship:**

**6.0 Additional Information**

6.1 **Have you ever been convicted of a criminal offence?**

Yes

No

If yes, please provide details:

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6.2 **If you have a disability, please tell us about any adjustments we may need to assist you at the interview:**

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**7.0 Confirmation**

**I confirm that, to the best of my knowledge, the above is both complete and correct.**

**Please sign below:**

*Please note that providing deliberately false information could result in dismissal.*

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| Signature:  Full Name:   Date: |

How we use your information:

Your privacy is important to us. We are committed to safeguarding the privacy of your information. This privacy notice tells you what to expect when we collect personal information.

Storing your data:

We hold your data for varying lengths of time depending on the type of information in question but in doing so we always comply with Data Protection legislation.

Contact:

If you would like to discuss anything in this privacy notice, please contact our Data Protection Officer.