

CENTRALISED HOSPITAL APPOINTMENT SCHEME

APPLICATION FOR PRE-REGISTRATION OPTOMETRIST POST FOR 2013-2014

PERSONAL DETAILS

| | |
|--|--|
| Surname: | Title: |
| Forename(s): | Date of Birth: / / |
| Nationality: National Insurance number: GOC number: | Do you need a work permit to work in the UK? Answer Yes <input type="checkbox"/> or No <input type="checkbox"/> |
| TERM TIME Address: Telephone: Dates you expect to be at above address: / / To / / Email: | VACATION TIME Address: Telephone: Dates you expect to be at above address: / / To / / |

HOSPITAL CHOICE

| |
|--|
| I wish to be considered for the hospitals listed below, in order of preference: |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| If you have no preference, please indicate clearly by checking the box: <input type="checkbox"/> |

ACADEMIC

| |
|---|
| Which University are you currently attending? |
| Have you repeated any year(s) of the course? Answer Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If answering YES state briefly reason(s): |

Please give details of GCSE/O Levels / A Levels or equivalent, with the grades achieved and details of any other relevant qualifications.

| Date | Subject | Grade | Date | Subject | Grade |
|------|---------|-------|------|---------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DO NOT SEND CERTIFICATES

EMPLOYMENT HISTORY

| From | To | Employer | Brief description of duties |
|------|----|----------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REHABILITATION OF OFFENDERS ACT

REHABILITATION OF OFFENDERS ACT 1974.

Have you any criminal convictions that are not yet spent under the Act? Answer Yes or No

EXEMPTION ORDER 1975.

These posts carry an exemption for the Rehabilitation of Offenders Act, and you are therefore required to give details of all criminal convictions.

Have you ever had any criminal convictions Answer Yes or No

You will be required to give details of criminal convictions if you are short listed for interview.

CURRICULUM VITAE

Please give a brief curriculum vitae including: -

- (a) Work experience, including vacation/ voluntary work;**
- (b) areas of special professional interest;**
- (c) Information about any interests/ sports/ hobbies to which you make regular commitment.**

REASON FOR APPLICATION

Please provide additional information to support your application. Please comment on your longer-term career plans and aspirations.

SICKNESS

Whether you have been in employment, or not, on how many days over the last 2 years have you been unfit for work and on how many occasions?

Number of days:

Number of occasions:

Please give details of any serious illness you suffer or have suffered from which could affect your capacity to work.

Are there any other circumstances which could prevent you fulfilling the duties of the post for which you wish to apply?

REFEREES

Please give the names of two referees. One must be an academic from your university; the other should be an academic or a previous employer. It is your responsibility to ensure that your referees submit references on time. JCL Consulting will ensure that copies of references are sent to hospitals with your application form.

REFEREE ONE

Name:

Occupation:

Address:

Telephone Number (day):

REFEREE TWO

Name:

Occupation:

Address:

Telephone Number (day):

AVAILABILITY FOR INTERVIEW

Please give any dates that you will NOT be available for interview, if called:

If you are not selected for interview by any of your chosen hospitals, do you agree to your application form being forwarded to the other hospitals participating in the scheme?

Please state Yes or No

DECLARATION

- I understand that any offer of employment is conditional upon satisfactory completion of any pre-employment health checks, which the employer may require.
- I understand that any offer of employment is conditional upon my successful completion of my university course.
- I declare that the information given on this form is correct and is complete to the best of my knowledge.

Signature _____ Date _____

CHECKLIST

Have you completed all sections of the form?

Have you chosen up to five hospitals on your application form? Please note, ticking 'no preference' does not allow you to apply to all of them.

Have you taken a copy for yourself?

Have you enclosed a cheque for £15.50 made payable to JCL Consulting Ltd?

Have you provided an email address? (This will be used to acknowledge receipt of references.)

Please send to:

**JCL Consulting Ltd
Jasmine House
55 Jasmine Grove
London
SE20 8JY**