Standard form for [insert job title here]

**Employer:** St John Ambulance and Rescue Service

**Department:** Emergency Ambulance Operations

**Personal Information** Fields marked with an asterisk (**\***) are mandatory

Details entered in this part of the form will be held by St John Ambulance and Rescue Service. Access to this information will be withheld from the shortlisting panel. Please do not type using only capital letters, as this could lead to your application being automatically rejected. Please use the appropriate mixture of capital and lowercase letters in standard written text.

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| --- |
| Email address |
| Click or tap here to enter text |
| Title |
| Click or tap here to enter text |
| Surname/Family name **\*** |
| Click or tap here to enter text |
| First name **\*** | Middle name(s) |
| Click or tap here to enter text | Click or tap here to enter text |
| Social Security number |
| Click or tap here to enter text |
| Address line 1 **\*** |
| Click or tap here to enter text |
| Address line 2 |
| Click or tap here to enter text |
| Address line 3 |
| Click or tap here to enter text |
| Town/City/Parish **\*** | County/Island |
| Click or tap here to enter text | Click or tap here to enter text |
| Country **\*** | Postcode **\*** |
| Click or tap here to enter text | Click or tap here to enter text |
| Home telephone | Mobile telephone |
| Click or tap here to enter text | Click or tap here to enter text |
| Preferred telephone number to be contacted on |
| Click or tap here to enter text |
|  |
|  |

**Qualifications** Fields marked with an asterisk (**\***) are mandatory

Details entered in this part of the form will be held by St John Ambulance and Rescue Service and will be made available to the short-listing panel.

**Education & Professional Qualifications**

All the relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check. Up to 11 qualifications can be entered here.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject/Qualification** | **Place of study** | **Grade/Result** | **Year obtained** |
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**Relevant Training Courses Attended**

Please provide details regarding training courses that you have attended or are currently undertaking together with the date completed or to be completed by. Up to 7 training courses can be entered here.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject/Qualification** | **Place of study** | **Grade/Result** | **Year obtained** |
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**Membership of Professional Bodies**

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

|  |
| --- |
| Please indicate your professional registration status. **\*** |
| **Choose an item** |
| If you have answered “I have current UK professional registration relevant for this post” then please enter the relevant details below. |
| **Professional body and membership** |
| Click or tap here to enter text |
| **Membership/Registration number** |
| Click or tap here to enter text |
| **Expiry/Renewal date** |
| Click or tap here to enter text |

**Fitness to Practice**

Are you currently subject to a fitness to practice investigation and/or proceedings of any nature by a regulatory or licensing body which may have a bearing n your suitability for the position you are applying for?

|  |
| --- |
| This may include any fitness to practice investigation and/or proceedings of any nature that are being undertaken by a regulatory or licensing body in any other country. **\*** |
| **Choose an item** |

|  |
| --- |
| Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?You are not required to disclose any information in relation to the above where any right to appeal has been upheld and where that appeal has resulted in your case being fully exonerated. In these circumstances you should select NO to this question. **\*** |
| **Choose an item** |

|  |
| --- |
| In your current or any previous employment, have you had restrictions placed on your clinical practice as part of a revalidation process? |
| **Choose an item** |

**Employment History** Fields marked with an asterisk (**\***) are mandatory

Please record below the details of your full employment history beginning with your current or most recent first. Up to 2 previous employments can be entered here (an Additional Previous Employer form is available if required). If required, please provide additional information regarding your employment history within the ‘Supporting Information’ section.

|  |
| --- |
| Start date of continuous service (if applicable) |
| Click or tap here to enter text |
| Months since most recent employment ended (if applicable) |
| Click or tap here to enter text |

**Current/most recent employer (reference always required)**

|  |
| --- |
| Employer name |
| Click or tap here to enter text |
| Employer address |
| Click or tap here to enter text |
| Type of business |
| Click or tap here to enter text |
| Reporting to (job title) |
| Click or tap here to enter text |
| Telephone |
| Click or tap here to enter text |
| Your job title |
| Click or tap here to enter text |
| Start date |
| Click or tap here to enter text |
| End date |
| Click or tap here to enter text |
| Grade | Salary |
| Click or tap here to enter text | Click or tap here to enter text |
| Period of notice |
| Click or tap here to enter text |
| Reason for leaving (if applicable) |
| Click or tap here to enter text |
| Brief description of your duties and responsibilities |
| Click or tap here to enter text |

**Previous employer 1**

|  |
| --- |
| Employer name |
| Click or tap here to enter text |
| Employer address |
| Click or tap here to enter text |
| Type of business |
| Click or tap here to enter text |
| Your job title |
| Click or tap here to enter text |
| Start date |
| Click or tap here to enter text |
| End date |
| Click or tap here to enter text |
| Grade | Salary |
| Click or tap here to enter text | Click or tap here to enter text |
| Reason for leaving (if applicable) |
| Click or tap here to enter text |
| Brief description of your duties and responsibilities |
| Click or tap here to enter text |

**Previous employer 2**

|  |
| --- |
| Employer name |
| Click or tap here to enter text |
| Employer address |
| Click or tap here to enter text |
| Type of business |
| Click or tap here to enter text |
| Your job title |
| Click or tap here to enter text |
| Start date |
| Click or tap here to enter text |
| End date |
| Click or tap here to enter text |
| Grade | Salary |
| Click or tap here to enter text | Click or tap here to enter text |
| Reason for leaving (if applicable) |
| Click or tap here to enter text |
| Brief description of your duties and responsibilities |
| Click or tap here to enter text |

**Employment Gaps**

|  |
| --- |
| If you have any gaps within your employment history, please state the reasons for the gaps below. |
| Click or tap here to enter text |

**Referees** Fields marked with an asterisk (**\***) are mandatory

Please provide the names and full contact details of your referees.

* References must cover a 3-year period of continuous employment, training or education (internal applicants need only provide 1 referee). Your referees will need to confirm this. They may need to comment on your skills, personal qualities and suitability for the post.
* Your referee could be an HR department, line manager or someone in a position of responsibility. For internal applicants, your referee should be your line manager.
* You must provide an email address for each referee. This may require you to contact your referee to confirm this prior to submitting your application, as this is a mandatory field.
* If you are a student or a trainee this should include a teacher/tutor at your school/college or university.
* If you have not been in employment or education for the last 3 years, you may need to supply a character reference or a personal statement. A character reference must not be from a relative or someone who has a financial arrangement with you.
* Emails for employers must be a valid work email address and not the referee’s personal email address unless the email being provided is covering a gap in work history or the employer no longer exists and the referee being used is a personal/character referee.

Referees may be approached before interview, unless you state otherwise below.

**Referee 1**

|  |
| --- |
| Type of reference **\*** |
| Choose an item. |
| Email address of referee **\*** |
| Click or tap here to enter text |
| Title |
| Click or tap here to enter text |
| Surname/Family name **\*** | First name **\*** |
| Click or tap here to enter text | Click or tap here to enter text |
| Relationship **\*** |
| Click or tap here to enter text |
| Address line 1 **\*** |
| Click or tap here to enter text |
| Address line 2 |
| Click or tap here to enter text |
| Address line 3 |
| Click or tap here to enter text |
| Town/City/Parish **\*** | County/Island |
| Click or tap here to enter text | Click or tap here to enter text |
| Country **\*** |
| Click or tap here to enter text |
| Telephone | Fax |
| Click or tap here to enter text | Click or tap here to enter text |
| Period this reference covers from **Click or tap here to enter text** to **Click or tap here to enter text** |

|  |
| --- |
| Can the referee be approached prior to interview?  |
| **Yes** [ ]  | **No** [ ]  |

**Referee 2**

|  |
| --- |
| Type of reference **\*** |
| Choose an item. |
| Email address of referee **\*** |
| Click or tap here to enter text |
| Title |
| Click or tap here to enter text |
| Surname/Family name **\*** | First name **\*** |
| Click or tap here to enter text | Click or tap here to enter text |
| Relationship **\*** |
| Click or tap here to enter text |
| Address line 1 **\*** |
| Click or tap here to enter text |
| Address line 2 |
| Click or tap here to enter text |
| Address line 3 |
| Click or tap here to enter text |
| Town/City/Parish **\*** | County/Island |
| Click or tap here to enter text | Click or tap here to enter text |
| Country **\*** |
| Click or tap here to enter text |
| Telephone | Fax |
| Click or tap here to enter text | Click or tap here to enter text |
| Period this reference covers from **Click or tap here to enter text** to **Click or tap here to enter text** |

|  |
| --- |
| Can the referee be approached prior to interview?  |
| **Yes** [ ]  | **No** [ ]  |

**Supporting Information** Fields marked with an asterisk (**\***) are mandatory

In this section you need to demonstrate that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this particular post, if this has not been fully covered in the previous sections.

Please include your reasons for applying and take the opportunity to highlight your particular talents and strengths, (what you feel you can personally offer – what is unique to you – what sets you apart from your peers).

Please DO NOT include personal details or duplicate information already provided elsewhere in your application.

|  |
| --- |
| Supporting information **\*** |
| **Click or tap here to enter text**Max words: 1500 |

|  |
| --- |
| Do any of the following apply to you? **\*** |
| [ ]  Serving Armed Forces (including Reservist)[ ]  Armed Forces Veteran[ ]  Partner/spouse of a serving member of the Armed Forces/Reserves[ ]  Armed Forces Cadet Instructor[ ]  None of the above are applicable to me |

|  |
| --- |
| Have you provided a minimum of 2 professional references (1 for internal)?These must be in the form of a professional email address (hotmail / gmail not accepted) & include your current / most recent employer / place of study & all previous employers. **\*** |
| Choose an item |
| Are you registered with the HCPC? **\*** |
| Choose an item |
| If yes, what date did you first register with the HCPC? |
| Click or tap here to enter text |
| Do you hold a relevant degree or graduate diploma as required by the Person Specification? **\*** |
| Choose an item |
| Do you have an IHCD or CERAD Blue Light Driving Qualification or equivalent? **\*** |
| Choose an item |

**Driving**

|  |
| --- |
| Do you have access to a vehicle which can be used for work purposes? **\*** |
| Choose an item |
| Do you have a valid driving licence for use in Guernsey? **\*** |
| Choose an item |
| Please select the status of your C1/D1 driving licence **\*** |
| Choose an item |

**Working in Guernsey**

Generally, everyone working and/or living in the island of Guernsey requires a Permit or Certificate issued by the Population Management Office under the Population Management Law. These 'paperless' Permits and Certificates give people the right to live and work in Guernsey, alongside Immigration Clearance from the Guernsey Border Agency. See [www.gov.gg/populationmanagement](http://www.gov.gg/populationmanagement) for further information.

|  |
| --- |
| Do you have the right to work in Guernsey? |
|

|  |  |
| --- | --- |
| **Yes** [ ]  | **No** [ ]  |

 |

Are you currently working on an employment sponsored permit?

|  |  |
| --- | --- |
| **Yes** [ ]  | **No** [ ]  |

If yes, what was the length of the permit?

Click or tap here to enter text

If yes, when is the expiry date of the current permit?

Click or tap here to enter text

**How did you hear about this position? \***

[ ]  Website (www.stjohn.gg)

[ ]  Careers site (e.g. jobs.gg /careers.gg)

[ ]  Newspaper advert

[ ]  Radio

[ ]  Facebook

[ ]  Instagram

[ ]  Twitter

[ ]  Referred by a St John employee (please provide details)

Click or tap here to enter text

[ ]  Other (please specify)

Click or tap here to enter text

**Declaration** Fields marked with an asterisk (**\***) are mandatory

The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the Service can seek clarification regarding professional registration details.

[ ]  I agree to the above declaration **\***

|  |  |  |
| --- | --- | --- |
| **Signed** |  | **Dated**Click or tap here to enter text |