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| Post applied for: | |  | | | | Location: | | | | |  | |
| Once completed please sign and return to [aeromed.recruitment@iprsgroup.com](mailto:aeromed.recruitment@iprsgroup.com) | | | | | | | | | | | | |
| 1. **Personal Details** | | | | | | | | | | | | |
| Title: | |  | | | | | | | | | | |
| Forenames: | |  | | | | | | | | | | |
| Surname: | |  | | | | | | | | | | |
| Date of Birth: | |  | | | | | | | | | | |
| Address line 1: | |  | | | | | | | | | | |
| Address line 2: | |  | | | | | | | | | | |
| Address line 3: | |  | | | | | | | | | | |
| Address line 4: | |  | | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | |
| e-mail address: | |  | | | | | | | | | | |
| Home telephone: | |  | | | | | | | | | | |
| Mobile telephone: | |  | | | | | | | | | | |
| Work telephone: | | (please only provide if we can call you on this number) | | | | | | | | | | |
| 1. **Education (University, College etc.)** | | | | | | | | | | | | |
| Establishment (school, college etc.) | | | | Date/s from | | | Date/s to | | | Qualifications/grade | | |
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| 1. **Job related training** | | | | | | | | | | | | |
| Courses of study/institute | | | | Date/s from | | | Date/s to | | | Standard or level achieved | | |
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| 1. **Employment history** | | | | | | | | | | | | |
| **Current Employer** | | | | | | | | | | | | |
| Employers name: | |  | | | | | | | | | | |
| Address line 1: | |  | | | | | | | | | | |
| Address line 2: | |  | | | | | | | | | | |
| Address line 3: | |  | | | | | | | | | | |
| Address line 4: | |  | | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | |
| Post held: | |  | | | | | | **HCPC Number:** | | | | |
| Date appointed: | |  | | | | | | | | | | |
| Notice period: | |  | | | | | | | | | | |
| **For reference purposes:** | | | | | | | | | | | | |
| Managers name: | |  | | | | | | | | | | |
| Telephone number: | |  | | | | | | | | | | |
| If you do not wish us to approach your current employer for a reference without your authority, please mark X here  Please note that references will be sought from current and previous employers as appropriate and your appointment will be subject to satisfactory references | | | | | | | | | | | | |
| **Previous employer (most recent first)** | | | | | | | | | | | | |
| Dates from/to | Employer’s name full address and type of business | | | | | | Position held | | | | | Reason for leaving |
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| **References** (including telephone number and email address) | | | | | | | | | | | | |
| ***Clinical Reference:*** | | | | | ***Personal Reference:*** | | | | | | | |
| 1. **Reasons for applying for this post, experience and personal skills.** | | | | | | | | | | | | |
| Use additional sheets for any information you cannot fit in this section. | | | | | | | | | | | | |
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| 1. **Recruitment information** | | | | | | | | | | | | |
| How did you learn about this post? | | |  | | | | | | | | | |
| Have you previously applied for any position with IPRS Aeromed or IPRS Group? | | | | | | | | | | | | |
| If yes, post applied for: | | |  | | | | | | | | | |
| Date of application: | | |  | | | | | | | | | |
| Outcome of the application: | | |  | | | | | | | | | |
| Do you know anyone currently working for IPRS Aeromed? | | | | | | | | |  | | | |
| 1. **Sickness and absence** | | | | | | | | | | | | |
| Have you been absent from work/college/school due to sickness during the last three years?  If yes, please give details (continue on a separate sheet if necessary) | | | | | | | | | | | | |
| Date/s | | | | Number of days | | | | | | Reason | | |
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| 1. **Data protection statement** | | | | | | | | | | | | |
| IPRS Aeromed needs to collect essential data from potential employees and contractors in order to be able to complete the necessary processes for new starters. This includes information obtained from this form and other parts of the recruitment such as references. The information collected will be processed in accordance with the principles of the Data Protection Act 1998. Any information obtained will be kept securely and nor passed to a third party unless legally obliged to do so. If you are concerned about any aspects of this please contact us at [aeromed.recruitment@iprsgroup.com](mailto:aeromed.recruitment@iprsgroup.com) | | | | | | | | | | | | |
| 1. **Declaration** | | | | | | | | | | | | |
| I certify that the information given on this form is correct to the best of my knowledge | | | | | | | | | | | | |
| Signed: | | | | Date: | | | | | | | | |
| Please return this form by email to [aeromed.recruitment@iprsgroup.com](mailto:aeromed.recruitment@iprsgroup.com) | | | | | | | | | | | | |