



Cornwall Air Ambulance

APPLICATION FOR EMPLOYMENT

Role applied for:

Personal Details

Surname:

Forename(s):

Title:

Address:

Postcode:

Telephone Number:

Home:

Mobile:

Email address

National Insurance No.

Do you have a clean driving licence Yes / No

If no please provide details

Are there any restrictions on you taking up employment in the UK? Yes / No
(If yes, please provide details)

EDUCATION HISTORY

Schools from age 11

Qualifications gained

Colleges/University

Qualifications gained

Vocational /Professional Training

Qualifications gained



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EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

Name and Address of Employer and dates of employment	Job Title and description of duties	Salary and Reason for leaving

Please also provide dates and reason of any periods of unemployment. ie travelling



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SKILLS KNOWLEDGE AND EXPERIENCE

Please describe the relevant skills, knowledge and experience you bring to this position. It is important to demonstrate clearly how you meet the requirements outlined in the person specification section of the information pack. You should ensure that you address each requirement and provide evidence of relevant knowledge, skills and experience. Please insert additional pages if required



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REFERENCES

Please provide the name and addresses of all your employers in the last 10 years, together with the dates of employment and positions held. We will not take up a reference with your current employer until all other references have been received.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.



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DECLARATION

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered
2. I agree that the organisation reserves the right to require me to undergo a medical examination in order to identify any reasonable adjustments that may be required. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.
4. I hereby consent to the processing of sensitive personal data, as defined under Data Protection Act 2018 and the General Data Protection Regulation, involved in the consideration of this application.
5. I understand that Cornwall Air Ambulance Trust will keep my application on file 6 months if I am an unsuccessful candidate, and on my personal records for up to 6 years after my employment ceases if I am a successful candidate.

If you have a disability, and there are any special arrangements which need to be made should you be short-listed for interview, please contact us with prior notification.

Name:

Signature:

Date:



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Equal Opportunities Monitoring Form

Confidential Information

Cornwall Air Ambulance Trust is committed to equal opportunities in the provision of services and employment opportunities. Applications for employment are considered solely on merit and we welcome applications from all suitably qualified applicants. To help us monitor equality of opportunity in our recruitment and selection procedures please complete the details below.

Completion of this part of the application form is voluntary. The details provided will be kept separate from the rest of the application form and will not be used in the selection process. We will use the information to improve equality in our recruitment and selection processes.

CANDIDATE DETAILS

Do you consider yourself to be disabled:	
If yes what is the nature of your disability:	

ETHNIC ORIGIN

White

	British	
	Irish	
	Any other White Background – please specify	

Mixed

	White and Black Caribbean	
	White and Asian	
	White and Black African	
	Any other Mixed background – please specify	



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Asian or Asian British

Indian	
Bangladeshi	
Pakistani	
Any other Asian Background – please specify	

Black or Black British

Caribbean	
African	
Any other Black background – please specify	

Chinese or other ethnic group

Chinese	
Any other Chinese background – please specify	

How did you find out about this job?

Job Centre	
The local press	
Cornwall Air Ambulance Trust website	
Other – please specify	
