



## sk:n JOB APPLICATION FORM

POSITION APPLIED FOR:

PERSONAL DETAILS: TITLE:  FORENAME:

SURNAME:

ADDRESS:

POSTCODE:  DATE OF BIRTH:

TELEPHONE:  MOBILE PHONE:

NMC No.:  UNIFORM SIZE:

Do you require a work permit before taking up paid employment? YES / NO

If yes, work permit no.:  Expiry date:

Do you consider yourself to have a disability as defined by the Disability Discrimination Act, 1985?  
YES / NO

If yes, please state below any special requirements that you would need:

Do you smoke? YES / NO      Are you colour blind? YES / NO

EDUCATION, QUALIFICATIONS AND SKILLS	
School address and subjects taken, e.g GCSE, A-level, O-level, etc.	Grades obtained
Further education – name of college/university and subjects taken	Grades obtained
Membership of professional bodies (name of institute)	
Other qualifications, training and skills relevant to your application	

LATEST OR CURRENT EMPLOYMENT DETAILS				
PREVIOUS EMPLOYMENT (Last 10 years, most recent first. Continue on separate sheet if required)				
Name and address of employer	Position held	From	To	Reason for leaving
<p>REFERENCES: Please provide two references. One reference MUST be from your current employer or most recent, if you are not currently employed. If you have no previous employer, please give the name of two people who can comment on your suitability for the post, such as your College Tutor or Head Teacher. Please ensure that you provide name, address and contact telephone number.</p>				
1.		2.		
May we approach prior to job offer? YES / NO		May we approach prior to job offer? YES / NO		

Please post this form to Jason Pickrell, Human Resources Manager, 34 Harborne Road, Edgbaston, Birmingham B15 3AA or fax to 0121 5678 124, or email to [jason.pickrell@sknclinics.co.uk](mailto:jason.pickrell@sknclinics.co.uk)

Sk:n Clinics