



Castle Craig Hospital  
 Blyth Bridge, West Linton, Peeblesshire EH46 7DH  
 Telephone: 01721 722763  
 Fax: 01721 752 662

CASTLE CRAIG  
 HOSPITAL



### APPLICATION FOR EMPLOYMENT

Castle Craig Hospital is an Equal Opportunities Employer. This form has been designed to seek only information which is essential and consistent with our recruitment and selection policies. Please print clearly in black or blue ink. You are welcome to submit a CV alongside this application form.

**This is a downloaded Application Form: If any of the wording on this document is changed this application will be invalidated.**

<b>Surname:</b>	<b>Initials:</b>
<b>Address:</b>	<b>Telephone Contact Details:-</b>
	Private:
	Business:
	Mobile:
	<b>Email:</b>
	<b>National Insurance Number:</b>

**Eligibility to Work in the UK:**

Section 8 of the Asylum and Immigration Act 1996 introduced a specific offence of employing a person who is not permitted to work in the United Kingdom. This means that Castle Craig Hospital needs to make basic employment checks on every employee to ensure they are not in breach of the Immigration Rules. You will have to establish your eligibility for employment by producing documentation to prove your identity in conjunction with the Protection of Vulnerable Adults Scheme. You need to confirm on this application that you have the right to work in the United Kingdom.

***I confirm that I have the necessary documentation to legally work in the United Kingdom:***

Yes  No

**Protection of Vulnerable Groups Scheme:**

Have you ever been convicted of any criminal offence including a spent conviction under the Rehabilitation of Offenders Act 1974 or are at present the subject of criminal charges?

Yes  No

If Yes, please give details:

Are you disqualified from working with children or vulnerable adults?

Yes  No

An Enhanced Protection of Vulnerable Groups check will only be undertaken if you are offered a position. If the above information is found to be false or deliberately omitted, this may result in dismissal or disciplinary action by Castle Craig Hospital.

**Previous Disclosure Scotland or Protection of Vulnerable Groups Scheme Number:**

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**Transport:**

Do you have a current driving license?      Yes       No

Is it clean?      Yes       No

If no please give details:

Do you have your own transport?      Yes       No

**Please state from which source you became aware of this vacancy:**

Word of mouth       Scotsman       Website       Other (please state) Addiction Today .....

**Position Applied For:**

Have you ever worked for us?      Yes       No

**On what date would you be available for work?**

**Education:**

Institution/University	From	To	Qualifications and Grades Obtained:

**Please outline the skills and experience you have gained through paid employment and other work activities and interests which are relevant to your application for this position. Also include your reason for applying for this position:**

**Employment History:** List below present and past employment for the last 5 years, beginning with your most recent

<b>Name and Address of Employer:</b>	<b>From</b>		<b>To</b>		<b>Name of Supervisor:</b>
	Month	Year	Month	Year	<b>Starting Salary:</b>
	<b>Job Title:</b>				<b>Leaving Salary:</b>
	<b>Describe the work you did:</b>				
<b>Reason for leaving:</b>					

<b>Name and Address of Employer:</b>	<b>From</b>		<b>To</b>		<b>Name of Supervisor:</b>
	Month	Year	Month	Year	<b>Starting Salary:</b>
	<b>Job Title:</b>				<b>Leaving Salary:</b>
	<b>Describe the work you did:</b>				
<b>Reason for leaving:</b>					

<b>Name and Address of Employer:</b>	<b>From</b>		<b>To</b>		<b>Name of Supervisor:</b>
	Month	Year	Month	Year	<b>Starting Salary:</b>
	<b>Job Title:</b>				<b>Leaving Salary:</b>
	<b>Describe the work you did:</b>				
<b>Reason for leaving:</b>					

**Statement in support of application:**

**References:** Please provide details of two previous employers, senior to yourself, one of whom must be the most recent employer who we may approach for reference. Your current employer will not be contacted without your prior consent. Castle Craig Hospital only take up references for successful candidates prior to appointment.

Name: .....  
Occupation: .....  
Company:.....  
Address: .....  
.....  
.....  
.....  
Telephone: .....  
Email: .....

Name: .....  
Occupation:.....  
Company:.....  
Address:.....  
.....  
.....  
.....  
Telephone .....  
Email:.....

The facts set forth in this application for employment are, to the best of my knowledge, true and complete and I understand that any misleading information could jeopardize my employment in the future. (All data will only be used according to the principles of the Data Protection Act 1998)

Signature: ..... Date: .....

*All information relating to this recruitment is retained for 7 months before being destroyed. Please contact us if you wish this document destroyed earlier.*

**Please return this application to:** The Governance Department, Castle Craig Hospital, Blyth Bridge, West Linton, Peeblesshire, EH46 7DH



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## APPLICATION FOR EMPLOYMENT OCCUPATIONAL HEALTH FORM

Please print clearly in black or blue ink

Surname:	Initials:
	Telephone Contact Details:-
	Private:
	Business:
	Mobile:
	Email:
	National Insurance Number:
Do you have any physical or mental condition which could limit your ability to perform the particular job for which you are applying?	
If so please describe how you would be able to perform the job:	
Are you currently receiving medical treatment?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes give details:	
How many days absence from work in the last 2 years?	
How many times absent from work in the last 2 years?	