# Application Form – Medical Staff

Thank you for considering applying to ACOS Medical Ltd. For a position in our events team. In order to help us with your application, please complete this as fully as possible.

The role for which you are applying is subject to an enhanced disclosure from the Disclosure and Barring Service, which will reveal criminal convictions (with some exceptions for minor offences). We are committed to treating ex-offenders fairly, and you are strongly advised to disclose all information on this form, as failure to do so may be taken as dishonesty.

Please note, that employment or being taken on as a self-employed contractor is subject to satisfactory completion of your contract, receiving and processing your DBS return, driving risk assessment (where relevant), provision of relevant qualification certificates, an immunisation declaration, and other necessary steps.

Once completed please return this form along with your supporting documents to **HR@acosmedical.com**

## About You

|  |  |
| --- | --- |
| **Family Name / Surname** |  |
| **First name(s)** |  |
| **Current Address** |  |
|  |  |
|  |  |
| **Postcode** |  |
| **Preferred telephone number** |  |
| **Alternative telephone number** |  |
| **Email address** |  |

**Have you lived at your current address for five years or more?**

Yes  No

If you answered **NO**, please provide a separate list of all addresses where you have lived in the last five years (including those abroad).

**Have you ever gone by any other name?** (including maiden or previous married name)

Yes  No

If Yes, please provide details below:

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**Which role(s) you would like to be considered for?**

*You can apply for more than one role within your skill set, or at a lower skill set*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First Responder | |  | Emergency Medical Technician |
|  | Paramedic | |  | Paramedic practitioner |
|  | Nurse | |  | Doctor |
|  | Other (please specify). |  | | |

## Your Work Status

**In order to be offered a role, you must have the right to work in the UK. You will be required to provide documentation to prove this, which will be checked in person, and a copy kept.**

**Do you have the right to work in the UK?**

Yes  No

If no, we will not be able to progress your application further.

## Your Work History

**We want to know about your relevant employment history. We always take up references from your current employer.**

|  |  |
| --- | --- |
| **Current employer** |  |
| **Job title** |  |
| **Employed since** |  |
| **Address** |  |
|  |  |
|  |  |
| **Postcode** |  |
| **Name of referee/line manager** |  |
| **Email for referee** |  |
| **Telephone number for referee** |  |

**Can we contact this employer prior to offering you a position?**

Yes  No

**Previous Employers**

|  |  |
| --- | --- |
| **Employer** |  |
| **Job title** |  |
| **Address** |  |
| **Dates employed** |  |

|  |  |
| --- | --- |
| **Employer** |  |
| **Job title** |  |
| **Address** |  |
| **Dates employed** |  |

Attach further sheets if necessary

**Previous Medical Employment & Volunteering Declaration**

**Have you ever:**

* **been dismissed; or**
* **had your employment or volunteering terminated, suspended, or limited; or**
* **been told your services are no longer required by reason of conduct or competence; or**
* **been removed from working in regulated activity; or**
* **been found to have committed misconduct or gross misconduct; or**
* **resigned prior to disciplinary action which may have led to one of these outcomes,**

**from or by any provider of medical services to the public, whether paid or volunteer?**

**This is irrespective of the truth of any allegation.**

Yes  No

If Yes, then please provide details

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**Alternative Referee**

**Please provide the name of one other person, who knows you in a professional capacity, to provide a reference for you. If you do not have a work history, provide details of a professional person who can vouch for your character and abilities.**

|  |  |
| --- | --- |
| **Name of referee** |  |
| **Job title/position** |  |
| **Company** |  |
| **Address** |  |
|  |  |
|  |  |
| **Postcode** |  |
| **Email for referee** |  |
| **Telephone number for referee** |  |

## Professional Status

**Do you currently hold professional registration relevant to this post? For example, registered with the HCPC, NMC or GMC**

Yes  No

|  |  |
| --- | --- |
| **Registering body** |  |
| **Registration number** |  |

**Are you currently subject to any restrictions of practice or other sanction?**

Yes  No

**Are you aware of any upcoming hearings or decisions which may affect your place on the register, or which might lead to any restrictions of practice or other sanction?**

Yes  No

## Conflict of Interest

**Are you currently working or volunteering, or do you intend to work or volunteer, for any other CQC registered ambulance provider, or provider of first aid or medical services to the public whilst on staff for ACOS Medical Ltd?**

Yes  No

If Yes, then please provide details

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**Do you, your partner, or any close relative, have any financial or management interest in any other CQC registered ambulance provider, or provider of first aid or medical services?**

Yes  No

If Yes, then please provide details

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## Criminal Record History

Are you currently on the DBS update service, if so please provide your latest certificate number and date of birth:

We are committed to treating ex-offenders fairly, and declaring any criminal record prior to a DBS check being undertaken will help us work with you to properly assess risk.

**Are you currently barred from working with any group?**

Yes  No

If yes, we will be unable to progress your application

**This is an exempt role under the Rehabilitation of Offenders Act 1974.**

**Do you have any criminal convictions, including those considered ‘spent’ under the Rehabilitation of Offenders Act 1974, except minor offences which will not show on a DBS check\***

Yes  No

If yes, please give details

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**Do you have any criminal convictions pending?**

Yes  No

If yes, please give details

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*\* minor offences which do not need to be declared are:*

*Adult convictions where all the following apply:*

* *11 years have elapsed since the date of conviction; and*
* *it was your only offence; and*
* *it did not result in a custodial sentence*

*An adult caution where 6 years have elapsed since the date of the caution*

*A juvenile conviction as per adult convictions, but where 5.5 years have elapsed*

*A juvenile caution as per adult caution, but where 2 years have elapsed*

EXCEPT where it appears on the list of offences here:

<https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check>

## Your Qualifications

**Please tell us about your relevant qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Level | Awarding body/ institution | Grade |
| *e.g. FREC* | *4* | *Lincolnshire Medical* | *Pass* |
| *e.g. English* | *GCSE* | *Court Manor School* | *C* |
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## Continuing Professional Development

**Please detail any continuing professional development you have undertaken in the last year. You can attach a separate submission if this is easier.**

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## Driving

**In order to satisfy the requirements of our vehicle insurer please complete the following questions accurately.**

Do you own your own vehicle  Yes  No

Do you hold a current full UK driving license  Yes  No

Have you had experience driving both automatic and manual vehicles  Yes  No

Have you held a full license for more than 2 years  Yes  No

Have you completed any blue light driving qualifications, if so please  Yes  No

Provide details

Have you had any motoring convictions in the last 5 years  Yes  No

Have you had any faults or non-fault accidents in the last 5 years  Yes  No

## Application Declaration

I agree to follow company procedures and protocols  Yes  No

I am medically fit to work  Yes  No

I agree to stay up to date with manual handling and infection control

best practices  Yes  No

I agree to practice within the scope of the training I have received  Yes  No

I have completed this application form as accurately as possible

and will notify ACOS Medical of any changes  Yes  No

I agree to provide my own green ambulance style trousers and

Black boots  Yes  No

**Please sign and Complete**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

## Uniform

|  |  |
| --- | --- |
| **Polo Shirt** |  |
| **Jacket** |  |

## Returning Forms:

**Once completed, please email the form to:** [**HR@acosmedical.com**](mailto:HR@acosmedical.com)

**Please be prepared to provide copies of the following documents along with your application:**

Driving License (Front and back)

Passport

DBS

ID Style photo

Relevant qualifications and training

Evidence of Registration with professional body such as HCPC OR NMC

Upon submitting the required Application Form along with requested evidence, you will receive an email to confirm receipt of the documents within 24 hours.

Following this please allow up to 2 weeks for an outcome regarding your application. During this time Management will review the submitted forms and evidence, they may also wish to conduct a telephone or formal interview to gather further evidence or ask further questions.

Once you are successful we will provide Polo Shirt, you will be expected to wear your own green ambulance style trousers and black boots.

ACOS Medical have their own equipment and as such you are not required to supply your own.

Rates of Pay will be confirmed upon completion of the application process.

If you are not on the DBS update service we can assist you with completing the DBS process. The cost of an enhanced DBS is £50.

If you have any questions, please do not hesitate to ask.