**Application Form v2.2**

*Please complete the application form in full and email to* *info@aldomedical.co.uk* *with the subject RECRUITMENT.*

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| --- | --- | --- | --- | --- |
| **First name(s)** |  |  | **Surname** |  |
|  |  |  |  |  |
| **Preferred name** |  |  | **Date of birth** |  |
|  |  |  |  |  |
| **Mobile number** |  |  | **Email** |  |

|  |  |
| --- | --- |
| **Home address** |  |

|  |  |
| --- | --- |
| **Which role are you applying for?** (Delete as appropriate) | Paramedic, Emergency Medical Technician, Emergency Care Assistant, Student Paramedic Year 2, Student Paramedic Year 3 |
| **HCPC Number** (If applicable) |  |

|  |  |
| --- | --- |
| **Do you have the right to work in the UK?** | Yes/No |
| **Have you ever worked for Aldo Medical Services before?** | Yes/No |
| **Have you ever worked for another event first aid company?** | Yes/No(If yes, which company(s) and when?) |
| **Have you ever been convicted of a criminal offence?** | Yes/No(If yes, please provide further details) |
| **Do you have a current Enhanced DBS Adult & Child check?** | Yes/No |
| **Is you DBS registered on the online update service?** | Yes/No |

|  |  |
| --- | --- |
| **Do you meet all the essential criteria for the role you are applying for?**(See role description) | Yes/No |

**List your recent work experience:**

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**List your qualifications relevant to the role you are applying for:**

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**List any additional qualifications or skills you can bring to this role:**

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**Do you have experience in providing medical provision at events?**

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| Yes/No(If yes, please give details of experience) |

**Are you able to supply the following documents to support your application?**

(You will be requested to bring these documents to the selection day)

|  |  |
| --- | --- |
| **Certificates showing clinical qualifications for selected role**(Must be in date, were applicable) | Yes/No |
| **UK or EU passport**(Must be in date) | Yes/No |
| **Household bill in your name and matching the address above issued within the last 3 months** | Yes/No |
| **Copy of most recent Enhanced DBS check Adult & Child**(Must be within the last 12 months) | Yes/No |
| **Evidence of recent safeguarding training** (Within the last 12 months) | Yes/No |
| **Full or Provisional UK or EU driving licence** (If applicable) | Yes/No/NA |
| **HCPC Card or Certificate** (If applicable for role) | Yes/No/NA |
| **Emergency Response Driving Certificate** (If applicable) | Yes/No/NA |
| **A written or electronic reference from two referees** (Must be references, not just contact info. Reference template available on our website) | Yes/No |

*Aldo Medical Service Limited are an equal opportunity employer. All qualified applicants will receive consideration for appointment without regard to race, colour, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, protected veteran or disabled status; in line with its equal opportunities policy.*

*This application is for a clinical role as a self-employed sub-contractor and not for a contract of employment.*

*Successful candidates are responsible for any income tax, national insurance and social security contributions and any other liability, deduction, contribution, assessment or claim arising from or made in connection with the delivery of the service.*

*All medical equipment will be provided by Aldo Medical Services Limited for the sole use of your work with the company.*

*All contractors are responsible for providing their own hi-vi jacket, black trousers and black safety boots in line with HMRC guidance for self-employed individuals. All other branded company uniform (e.g. polo shirt and jackets) is to be paid for in advance by the contractor, at the cost amount it is purchased for by the company. Upon termination of this contract all company uniform is to be returned in a reasonable state of repair. If it is returned in a reasonable state of repair, then the cost amount paid by the contractor will be refunded back to the contractor. If the uniform is not returned in a reasonable state, then the amount paid by the contractor will not be refunded. The term reasonable state of repair is upon the decision and discretion of both company directors.*

*Full details of these conditions will be provided within your contract. ​*

*If you have any questions about completing this form, email* *info@aldomedical.co.uk* *with the subject RECRUITMENT.*

*Office use only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Date received* |  |  | *Candidate number* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Personal details complete* |  |  | *Experience in event medical provision* |  |
| *Employment/security complete* |  |  | *Suitable supporting documents* |  |
| *Meets essential criteria for role* |  |  | *Suitable for selection day attendance* |  |
| *Work experience and skills complete* |  |  | *Invited to attend selection day* |  |
|  |  |  |  |  |
| *Date of Assessment*  |  |  | *Position Offered*  |  |