

St Luke's Radiology Oxford Ltd

Latimer Road, Headington, Oxford OX3 7PF

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Job application Form

Post applied for:

Personal Details

Title:

Full name:

Home address:

Telephone (day):

Telephone (evening):

Email:

The Post

Giving careful attention to the Job Description and Person Specification, please explain why you would be suitable for this particular post.

Education and Training

Please list below your last 2 places of education /training, starting with the current or most recent.

Education and professional qualifications (please give details)

Name of institution and dates	Course and qualifications

Training (please list training courses attended which are relevant to this post)

Date	Course

Employment Background

Please give details of your employment history - beginning with your present/most recent job

Employer	Position held	Start/leaving date

What else have you been involved in?

Please let us know about any hobbies, community work, work experience etc

Eligibility to work in the UK

Do you need a work permit to work in the UK? Yes/No

If you Yes, please bring the original documentation to your interview.

Criminal convictions

Have you ever been convicted of a criminal offence which is not a spent conviction within the terms of the Rehabilitation of Offenders Act 1974?

Yes/No If yes, please give details.

References

Please give the name and contact details of two referees (these are not to be family members; one should be your current employer). If this is your first job, please give a tutor/lecturer's name.

References will only be taken up after interviews have been completed.

1. Name of referee:

Position:

Telephone:

Email:

2. Name of referee:

Position:

Telephone:

Email:

Declaration

I declare that the information in this application form is correct to the best of my knowledge.

I understand that any falsification or deliberate omissions may disqualify my application or lead to dismissal.

I understand that any offer of employment is subject to suitable references and Disclosure and Barring (DBS) checks.

Name:

Date: