

APPLICATION FORM

Thank you for applying to Renovo. Your details will be treated in the strictest confidence. It is **ESSENTIAL** that this application form is completed in full. Please complete every question possible. If you are unable to complete this form please contact Renovo H R department for alternative formats.

DATA PROTECTION

By providing the information contained within this application form, you are consenting to its uses for the purpose of processing your application, assessing your performance in the future (should your application be successful) and monitoring the efficiency of our recruitment and other employment procedures.

**Incomplete or unsigned application forms will not be considered.
CVs should be attached for additional information only.**

POST DETAILS

Post Applied For	
Closing Date	Ref No: (If Applicable)

PERSONAL DETAILS

Surname:		Title:	
Forenames:		Work Tel:	
Address:		E-mail:	
		Home Tel:	
		Mobile / Contact No:	
Post Code:			

Do you have a national insurance number and/or the right to work in the UK?: **Yes/No**

You will be required to provide documentary proof of your National Insurance Number or your right to work in the UK

		Place of Birth:	
Citizenship:		Passport Number:	
National Insurance Number:			

EDUCATION *(Original Certificates will need to be provided if offered the job)*

Higher Education – College/University etc, (Qualification[s] and Date[s] Obtained or Expected)

From	To	Qualification	Grade / Class	Educational Establishment

Secondary Education (Qualifications and Dates Obtained)

From	To	Qualification	Grade	Educational Establishment

Professional Qualifications *(For clinical staff please provide relevant P I N /registration numbers as well as membership numbers. Certificates will need to be provided if offered the job)*

Membership Body	Type of Membership	Title of Qualification	Certificate / Membership number	Date Obtained

OTHER TRAINING *(Give details of any other relevant training e.g. short courses/skills acquired)*

From	To	Training	Grade	Educational Establishment

WORK EXPERIENCE

PRESENT OR MOST RECENT EMPLOYMENT/RESEARCH PROJECT

Employer (Name and Address):	Position:
.....	Full /Part Time:
.....	Date Commenced:
.....	Date of Leaving:
Post Code:	Current/Final Salary:.....
Tel No:	Reason for Leaving/Wanting to leave:
Notice Period:
.....

Describe Current Role, Responsibilities and Achievements:

.....

Other Previous Employment (in date order). *Please include any voluntary/unpaid work and Government Training Programmes. Please account for any gaps in your employment. Continue on a separate sheet if necessary.*

Date From	Date To	Name & Address of Employer	Position Held, Final Salary	Description of your role and responsibilities, and achievements	Reason for Leaving

PUBLICATIONS / COLLABORATIONS / AWARDS / GRANTS *(Give details of recent research publications /abstracts which you have contributed to)*

Date	Publication

RELEVANT SKILLS, KNOWLEDGE & EXPERIENCE *(Please indicate how you meet the criteria on the job specification for the position you have applied for. Continue on a separate sheet if necessary)*

PERSONAL HEALTH DETAILS/ATTENDANCE RECORD

It is a condition for employment at Renovo that successful applicants undergo and pass a pre-employment health-screen and medical, and agree to subsequent health screens and / or medicals during their employment dependent on the nature of their role. By signing this application form, you are consenting to this process.

Do you have any health problems, which prevent you from working with animals, humans or handling tissue samples? **Yes/No**

Rheumatism/Arthritis	Yes/No	Epilepsy	Yes/No
Back Problems	Yes/No	Diabetes	Yes/No
Bronchitis	Yes/No	Heart Condition	Yes/No
Asthma or Allergy	Yes/No	Skin Disease	Yes/No

How many days because of sickness/injury have you had off work/college/university in the past 12 months?

How many separate incidents of sickness have you had in the past 12 months?

Do you have any health problems which are under investigation/you take medication for? **Yes/No**
If yes please give details.

Please state, with dates, any other disabilities, serious illnesses or operations not listed.

Is there any type of work you cannot do for health reasons? **Yes/No**
If yes please give details.

GENERAL INFORMATION

Do you have any moral or ethical objections to experimentation on animals or handling animal tissue?
Yes/No

If yes please give details.

Are you facing any criminal prosecutions? **Yes /No**
If yes please give details.

Have you received a caution in the last 5 years? **Yes /No**
If yes please give details.

Have you been convicted of a criminal offence which is not yet spent under The Rehabilitation of Offenders Act 1974? **Yes /No**

If yes please give details including date and sentence.

ELIGIBILITY TO WORK IN UK

Asylum and Immigration Act 1996

It is a criminal offence to employ a person who is subject to immigration control, unless they have documentation, which permits them to be resident and work in the UK. Renovo is committed to co-operating with the relevant statutory / enforcement bodies and providing information on applicants requested thereof. It is a condition of employment, that anyone offered a job by Renovo must be able to supply evidence of their eligibility to be resident and work in the UK. Failure to comply with this condition will make any contract of employment invalid and will be terminated without notice on the date such a discovery is made.

REFERENCES

It is a condition of employment that anyone offered a job by Renovo Ltd, must supply satisfactory references.

Please give the names, addresses and contact details of **3** referees. One must be your current or most recent employer. If you have not been employed, it should be from your most recent academic supervisor. If you are shortlisted your referees will be contacted. Please tick the box if you do not wish a particular referee to be contacted prior to interview. Referees will be contacted when a verbal offer of employment has been accepted.

Name: Title: Address: Post Code: Tel: Occupation: How do you know this person? Contact Prior to Interview Yes / No	Name: Title: Address: Post Code: Tel: Occupation: How do you know this person? Contact Prior to Interview Yes / No	Name: Title: Address: Post Code: Tel: Occupation: How do you know this person? Contact Prior to Interview Yes / No
--	--	--

DECLARATION

THANK YOU FOR COMPLETING THIS FORM – BEFORE SIGNING IT, PLEASE BE SURE TO READ THROUGH CAREFULLY WHAT YOU HAVE WRITTEN AND CHECK THAT YOU HAVE FILLED IN ALL OF THE SECTIONS.

I confirm that the information given on this Application Form is true and complete. I understand that if it is subsequently discovered that any statements are false or misleading I will be liable to have my application form disqualified or subsequently will be liable to be dismissed from employment by the company.

I consent under the Data Protection Act 1998 to the information provided being kept and used for the purposes of recruitment and selection, and if appointed to a position within Renovo Ltd will form a permanent record on my Personnel file.

I understand that any engagement entered into is subject to a probationary period, satisfactory references, documentary evidence of either my National Insurance Number or my right to work in the UK, and if necessary, a medical examination.

SIGNATURE OF APPLICANT:

DATE:

THE SECTION IS FOR RECRUITER USE ONLY

	Shortlist Criteria	*Yes	No	Evidence
1	Essential Qualifications			Application Form/Interview
2	Relevant Experience			Application Form/Interview
3	Application Form Checked – Fully Completed (Attention to Detail)			Application Form
4	Desirable Qualifications			Application Form/Interview
5	Desirable Experience			Application Form/Interview

*Requires minimum of 3 to go on to interview stage

THIS SECTION IS FOR HR USE ONLY

Reference 1: Date Requested:

Date Received:

Reference 2: Date Requested:

Date Received:

Reference 3: Date Requested:

Date Received:

References Acceptable File Signed Off By:

Probationary Objectives Received:

EQUAL OPPORTUNITIES MONITORING FORM

We are committed to our equal opportunities policy. Suitability to do the job is our sole criterion for selection or promotion in the company. In order to monitor our policy it would be very helpful if you would tick the appropriate box to indicate your ethnic origin (classification recommended by the Commission for Racial Equality) and your gender. This page will remain detached from your application form and forms no part of Renovo's selection process.

The information in this section will be treated in strict confidence.

The results will be used to produce statistics about recruitment and selection. They will help us to take action to prevent discrimination.

DETAILS OF VACANCY

Position Applied for:

Date of Application:

Please answer all the questions.

GENDER/DATE OF BIRTH

Please tick one of the following boxes to indicate your gender

Female

Male

Date of Birth:

ETHNIC ORIGIN

Ethnic origin refers to members of an ethnic group who share the same cultural identity. It does not mean country of birth or nationality.

Please choose one section then tick the appropriate box. (Classification recommended by the Commission for Racial Equality). I would describe my ethnic origin as:

White

British
Irish
Any other White background
(Please specify)

Mixed

White and Black Caribbean
White and Black African
White and Asian
Any other Mixed background
(please specify)

Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other White back ground
(Please specify)

Black or Black British

Caribbean
African
Any other Mixed background
(please specify)

Chinese or other ethnic group

Chinese
Any Other (please specify)

DISABILITY

The Disability Discrimination Act 1995 defines disability as:

“ A physical or mental impairment, which has substantial and long-term effect on the ability to carry out normal day-to day activities.” (Please tick appropriate box)

Do you consider yourself to have a disability?

Yes No

If yes, please give details below of any adjustment(s) that would need to be made for you to be able to carry out the duties of the job if appointed.

ORIGIN OF APPLICATION

Please tick one of the following boxes to indicate how you became aware of the vacancy for which you are applying.

Renovo Website

Recruitment Agency
.....

Media **(please specify)**

Personal Contact **(please specify)**

Press Advertisement **(please specify)**

Other**(please**
specify)