# S and B Medical Services Limited Application Form


**Full Name: _____DOB:_____**

**_____**

**Address:_____NI Number:_____**

**Post Code:_____Contact number:_____Email:_____**

**Qualification Level (circle): Paramedic Technician ECA First Aider Not Yet**
**Other (Please specify):_____**

**Do you hold a driving license: Y / N If so are you a qualified blue light driver Y / N**

**What is your vehicle limit:_____**

**Any driving points or restrictions on your license:_____**

**Education History:**

| Where: | Years From and To: | Subjects: | Grades: |
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**Employment history:**
**Current Role:**
**Job title:**_____**Company:**_____

**Reason for leaving:**_____

**How long did you work there?**_____**Salary:**_____
**Previous roles:**

| Company | Job Title | Duties | Started & Finished | Salary |
|---|---|---|---|---|
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**Vaccinations:**

**Covid 19 Vaccination: Y / N Date: Which vaccine did you receive:**
**Hepatitis B (2): Y / N Date:**
**Tuberculosis (TB)(1): Y / N Date:**
**Measles and Rubella: Y / N Date:**
**Chickenpox: Y / N Date:**
**EPP Clearance (3): Y / N Date:**
**Routine childhood immunisations (UK schedule): Y / N**

**Do you have any criminal convictions? Y / N**

**Please give details:**_____

_____

**Have you ever been under investigation by the HPCP/GMC/NMC? Y / N**

**Please give details:**_____

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**Do you have an up to date enhanced disclosure? Y / N**

**If so, is it on the update system? Y / N**

**Please provide certificate number:**_____

**Please provide references:**

**Referee 1:**

**Name:** _____**Company:**_____

**Position:**_____**Email:**_____

**Contact number:**_____**Contact before the interview? Y / N**

**Referee 2:**

**Name:** _____**Company:**_____

**Position:**_____ **Email:**_____

**Contact number:**_____ **Contact before the interview? Y / N**

**Please advise of details and certifications that will support your application:**
**(Proof would be required if you were to be invited for an interview)**

_____

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**Please return your application form to Graham@sandbmedical.co.uk or mel@sandbmedical.co.uk**