

Application Pack: Bellspire Group

For Clinical and Non-Clinical Candidates

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FULL APPLICATION PACK TEMPLATE

1. Cover Page

Bellspire Group

Empowering Excellence in Health and Care

Candidate Application Pack

Role:	
Department:	
Date:	

2. Introduction to Bellspire Group

Welcome to Bellspire Group. We are committed to providing outstanding clinical and non-clinical services across healthcare sectors. This application pack is a vital step in ensuring that all our staff meet the high standards required for our services.







Please complete all sections in full. Incomplete applications may result in delays in processing.

3. Position Applied For Job Title:
Department: Clinical Non-Clinical
Location (if applicable): Full-Time Part-Time Bank Staff
4. Personal Information
Field Response
Full Name:
Date of Birth:
Gender:
National Insurance Number :
Email Address:
Phone Number:
Address:
Emergency Contact (Name):
Emergency Contact (Phone):
5. Clinical / Non-Clinical Role Specification For Clinical Applicants: NMC / GMC / HCPC Registration No: Professional Body: Clinical Specialty / Skills: Do you have experience in: Hospitals Care Homes Community Care Mandatory Training Completed: BLS Manual Handling Infection Control (Certificates to be attached)







For Non-Clinical Applicants:
Role Type: Admin Domestic Porter Catering Other:
Key Skills (tick all that apply):
IT Systems Scheduling Inventory Management Reception
6. Qualifications & Certifications
Qualification / Certificate Institution Date Completed Grade / Level
(Attach scanned copies of certificates)
7. Employment History (Last 5 years or more)
Most Recent Job
• Employer:
• Role:
• Dates From: To:
Responsibilities:
Reason for Leaving:
(Repeat for up to 3 previous roles or attach CV)
8. Professional References
(At least one must be your most recent employer)
Reference 1
• Name:
• Job Title:
Organisation:
• Email:
Phone:







Reference 1
• Name:
• Job Title:
Organisation:
• Email:
• Phone:
9. Health Declaration & Immunization
 Do you have any medical conditions that may affect your role? Yes
If yes, please provide details:
COVID-19 Vaccination: Yes No
 Hepatitis B: Completed In Progress Not Started
TB Screening: Yes No
(Attach immunization record if applicable)
10. DBS / Background Check Consent
Do you have a valid Enhanced DBS? Yes No
DBS Number (if known):
Consent to a new check if required: Yes No
Signature for Consent:
Date:
11. Right to Work (UK or Other Country)
 Are you legally eligible to work in this country? Yes No
Type of Documentation:
Passport
Biometric Residency Permit
Visa
Other: (Copies to be attached)







12. Declarations



