QUEEN ELIZABETH HOSPITAL APPLICATION FORM

Form to be filled in by the Applicant in his/her own handwriting and returned to the Director Human Resources
The Queen Elizabeth Hospital, Martindales Road, St Michael, BB11155, Barbados, West Indies

All information provided by applicants on this form will be held in the strictest of confidence.

1. APPLICATION FOR THE POST OF:

2. SURNAME **CHRISTIAN NAME(S)**

3. PERMANENT ADDRESS

4. DATE OF BIRTH **COUNTRY OF BIRTH** **NATIONALITY**

5. EMAIL ADDRESS **SEX** **M** ☐ F ☐

6. TELEPHONE (HOME) **(CELL)** **(ALTERNATE)**

7. DO YOU REQUIRE A WORK PERMIT? **YES** ☐ **NO** ☐

8. NAME AND ADDRESS OF NEXT OF KIN: **TELEPHONE NUMBER**
(HOME)
(CELL)

9 EDUCATION
(Please give details of your secondary and higher education starting with the most recent results (CXC, GSCE, O'Level, Others)

From	*To*	*School/College/University*	*Stage Of Level Of Examination Taken*	*Grade Obtained*

10 PROFESSIONAL QUALIFICATIONS AND TRAINING COURSES ATTENDED

From	*To*	*Professional Body/Training School Establishment Attended*	*Qualification or Course attended*

12 EMPLOYMENT HISTORY (Most recent first)

From	*To*	*Employer and Position Held*	*Reason for Leaving*

13. **Were you subject to any disciplinary action during your last year of your previous employment? If yes, kindly provide a summary of the disciplinary charges and the outcome of the disciplinary proceedings.**

14. **Did you receive any disciplinary sanctions (warnings, suspension without pay etc.) during your last 6 months of employment at your previous job? If yes, please provide brief details of the sanctions.**

15. **Were you dismissed from your last place of employment? If yes, kindly advise of the reason for the dismissal ? Have you advanced a claim for unfair dismissal and has it been successful?**

16. **Did you undergo a performance appraisal during your last year of employment at your previous job? If so, please provide brief details of the rating you received.**

17. **In the event that the post for which you are applying requires you to be registered with a government or regulatory body by virtue of the Profession and Trades Act, kindly advise whether**
    (a) you have a current and valid registration or licence to perform your role/specialty or profession; _____(Yes) _____(No)

(b) whether your registration or licence has ever been suspended, revoked or cancelled by the regulating body for any reason whatsoever. If yes, please provide details

18. Period of Notice Required: _____

CRIMINAL HISTORY

19. Do you have any existing criminal convictions which have not been expunged? If yes, please state the nature of the conviction.

20. Do you have any current/existing criminal charges and/or criminal proceedings that have been commenced against you in the Barbados Law courts? If yes, please provide a summary of the charges or criminal proceedings filed against you and/or the circumstances surrounding those charges.

21. Do you have any current/existing criminal charges and/or criminal proceedings that have been commenced against you in any Law court outside of Barbados? If yes, please provide a summary of the charges or criminal proceedings filed against you and/or the circumstances surrounding those charges.

22. Are you aware of any potential and/or pending criminal charges and/or criminal proceedings that are in the process of being filed against you or that may be filed against you in Barbados or any other law courts in any other jurisdiction? If yes, please provide a summary of the charges or potential charges filed against you and/or the circumstances surrounding those charges.

23. **Are you currently involved in any police or criminal investigations? If so, please provide a summary of the investigation.**

24. **Have you been questioned by the Barbados police force within the last 3 months regarding any pending or existing criminal proceedings against you or any other person? If yes, please explain the reason for the questioning**

25. **Are you associated with any gangs or criminal organisations or criminal enterprises in Barbados?**

_____ _____
Yes **No**

26. **Are you associated with any gangs or criminal organisations or criminal enterprises in any jurisdictions outside of Barbados?**

_____ _____
Yes **No**

27. **Are you known to be, or believed to be associated with any gangs or criminal organisations or enterprises in Barbados or in any other jurisdiction?**

_____ _____
Yes **No**

ALCOHOL AND CONTROLLED SUBSTANCES

28. **Do you partake in any controlled substances (illegal drugs)? If yes, please state the name of the substance and the frequency of use**

29. **Have you ever been voluntarily admitted to or enrolled in any rehabilitation centre or programme due to alcohol use/ abuse? If yes, please state date(s) of admission, length of stay and result of the rehabilitation programme.**

30. **Have you been voluntarily admitted to or enrolled in any rehabilitation centre or programme due to alcohol abuse in the last year, i.e. within a period of 365 days prior to today's date? If yes, please state date(s) of admission, length of stay and result of the rehabilitation programme.**

31. **Have you ever been involuntarily admitted to or enrolled in any rehabilitation centre or programme due to alcohol abuse? If yes, please state date(s) of admission, length of stay and result of the rehabilitation programme.**

32. **Have you been involuntarily admitted to any rehabilitation centre or programme due to alcohol abuse within the last year, i.e. within a period of 365 days prior to today's date? If yes, please state date(s) of admission, length of stay and result of the rehabilitation programme.**

33. **Have you ever been voluntarily or involuntarily admitted to or enrolled in any rehabilitation centre or programme due to drug addiction or abuse (including prescription drugs)? If yes, please state date(s) of admission, length of stay and result of the rehabilitation programme.**

34. **Have you ever been voluntarily or involuntarily admitted to or enrolled in any rehabilitation centre or programme due to drug addiction or abuse (including prescription drugs) within the last year, i.e. within a period of 365 days prior to today's date? If yes, please state date(s) of admission, length of stay and result of the rehabilitation programme.**

35. **Do you currently struggle with alcohol or drug addiction or abuse (including prescription drugs)? If yes, please advise whether you are currently being treated for alcohol or substance abuse.**

36. **Have you ever been ordered by a law court in Barbados to enroll in the outpatient clinic of the Psychiatric hospital for reasons related to alcohol or drug addiction or abuse, (including prescription drugs)?**

FITNESS FOR WORK

37. **Have you ever been declared and/or certified by any medical practitioner or medical board as unfit for work of any kind? If yes, please state the nature of the unfitness and the date or period when this occurred.**

38. **Do you currently suffer with any illness, disease or limitation of the body or mental capacity which you are aware may cause you to be unable to fully perform all the duties of the role for which you are currently applying? If yes, please provide details.**

39. **Have you been diagnosed with any illness, disease, condition or limitation of the body or mind which you are aware, or have good reason to believe, may affect your ability to fully perform all aspects of your role? If yes, please provide details.**

40. **Do you currently suffer with or experience any cognitive deficits which may negatively impact your cognition, understanding, analytical skills, processing speed, attention span, or memory? If yes, please provide details.**

41. Do you currently have, or are you aware of any current physical limitations which may prevent you from sitting or standing for long hours, from climbing or descending stairs or lifting objects of up to 20 lbs (9kg).? If yes, please provide details of the aspects in which you may be limited (sitting or standing for long hours etc.)

42. Are you currently taking or required to take medication which you are aware may limit your cognition, memory, attention or ability to perform all the duties of the role for which you are applying or on any particular shift? If yes, please advise whether the medication is required for a short term basis or long term or indefinite basis?

43. If you are applying for a position which may require you to perform activities such as bending, lifting heavy or moderately heavy objects, stretching or standing for long periods, please indicate whether you suffer with any condition or limitation which may limit or prevent you from fully and frequently performing these duties. If you are not applying for a job which has these duties, please answer, "not applicable"

Note to Applicants: **All applicants for vacancies within any medical, clinical, paramedical, engineering or auxiliary support departments (porters, maids, orderlies, general workers etc.) are required as part of the application process to complete Health Screening and/or the QEH Health Screening form.**

SOCIAL MEDIA

44. Kindly provide us with your social media handles for the following websites:
LinkedIn, Instagram, Facebook, TikTok, Reddit, Snapchat, Youtube and X (formerly Twitter)

45. PERSONAL REFERENCE

Please give below the names and addresses of two (2) referees who have consented to be approached on your behalf, one of whom should be your present or recent employer. If you do not wish the hospital to contact either or both of your referees prior to interview, a cross should be marked in the box (es) below.

Name:

Address:

Telephone Number:

Period during which he/she has known you ☐

Name:

Address:

Telephone Number:

Period during which he/she has known you ☐

46. TESTIMONIALS

Testimonials from your referees should not be sent. These should be from responsible persons who know you well either in private life or in business. ***Original Testimonials*** *must* ***NOT*** *be submitted,* ***ONLY COPIES****.*

Name:

Address:

Occupation:

Name:

Address:

Occupation:

47. ATTESTATION OF THE APPLICANT

I, _____ hereby declare as follows:

1. That all information supplied by me in this form to the Queen Elizabeth Hospital is true and complete;
2. That I am mentally and physically competent to carry out the role for which I am applying and have no health or other restrictions except any that I may have previously disclosed to the Queen Elizabeth Hospital and/or that I have currently disclosed on this form;
3. That I currently possess the necessary skills and qualifications for the designation and role for which I am applying;
4. That I understand and accept that if any information on this form, or which I provide during the application process, is found to be untrue or incomplete in any way, that any offer of employment made to me by the Queen Elizabeth Hospital based on this untrue or incomplete information can be withdrawn, or if I am employed based on this untrue or incomplete information, the Queen Elizabeth Hospital reserves the right to terminate my employment.

_____

DATE

APPLICATION CHECKLIST

DOCUMENTS REQUIRED WITH APPLICATION

☐ **CURRICULUM VITAE (CV) / RESUME** (*Updated*)

☐ **POLICE CERTIFICATE OF CHARACTER** (*expires one (1) year from date of issuance*)

☐ **TWO (2) RECENT TESTIMONIALS** (*a written declaration certifying to a person's character, conduct, or qualifications, or to their value and or excellence; a letter or written statement of recommendation.*)

☐ **COPIES OF QUALIFICATIONS ***

☐ **PROOF OF REGISTRATION WITH REQUISITE COUNCILS ***

**** If applicable***