



Application for Employment

PLEASE USE BLACK INK AS THIS FORM WILL BE PHOTOCOPIED
PLEASE COMPLETE QUESTIONS 1-5 in BLOCK CAPITALS

1. Post applied for:

Available to do any of the following days Mon, Tue, Wed, Thurs, Fri, Sat, Sunday:

2. Surname Title:

Forename(s) RGN PIN No:

3. Full postal address: Home Tel:

Mobile:

Email:

4. Date of Birth:

5. Nationality (now):

Nationality at birth (if different):

National Insurance No:

6. Do you require a work permit to work in the UK?

7. Do you hold a current driving licence?

PERSONNEL OFFICE USE ONLY

Selected for interview Yes <input type="checkbox"/> No <input type="checkbox"/>	Selected for induction Yes <input type="checkbox"/> No <input type="checkbox"/>	Work ref 1. Date	Work ref 2. Date
Police check held Yes <input type="checkbox"/> No <input type="checkbox"/>	Police check sent Date	Police check returned Date	Induction completed Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input type="checkbox"/>
Health check sat. Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Refs Yes <input type="checkbox"/> No <input type="checkbox"/>	Uniform Supplied Date	Payroll informed Date
P45/P46 supplied Date	Input to database Date	Care Certificate Anal Date	Offer of Employment Date

8. EMPLOYMENT HISTORY

Please give details of **all** employment over the **last 10 YEARS** starting with the most recent and working backwards. You **MUST** account for any periods when you were unemployed. Indicate this on the form stating what you were doing during this time. **Continue on a fresh sheet if necessary.**

EMPLOYER – PLEASE PROVIDE FULL POSTAL ADDRESS	FROM Month & Year	TO Month & Year	POSITION HELD AND NATURE OF WORK / RESPONSIBILITIES	REASON FOR LEAVING
PRESENT/MOST RECENT EMPLOYER Name: Address: Tel: E-mail: Fax: Salary: Notice required:				
PREVIOUS EMPLOYERS Name: Address: Tel: E-mail: Fax: Salary:				
Previous Employer Name: Address: Tel: E-mail: Fax: Salary:				
Previous Employer Name: Address: Tel: E-mail: Fax: Salary:				

Will you continue to be employed in any other capacity whilst employed by Warren Park Nursing Home?

Organisation:

Position Held:

No. of contracted/regular hours:

9. EDUCATION / QUALIFICATIONS

Please give name and address of schools and colleges attended *after the age of 12* and details of educational qualifications obtained.

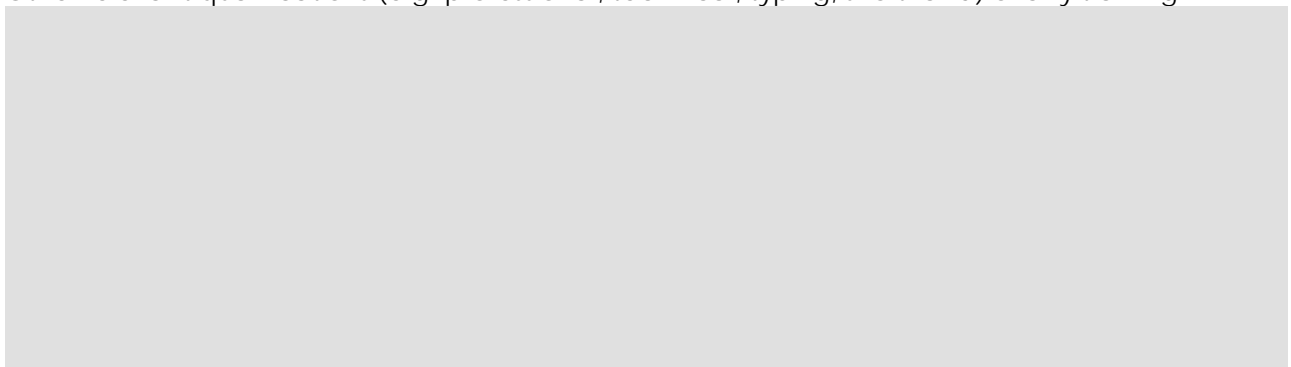
School/College/University	Dates attended	Subject	Level	Grade

10. VOCATIONAL TRAINING

Give details of recent courses attended and any practical training, e.g. YTS, WP packages, Software Skills etc.

From	To	Course	Training Provider	Completed Y/N

Other relevant qualifications (e.g. professional, technical, typing, shorthand) or any training:



11. EXPERIENCE & REASONS FOR APPLYING

Please detail any other skills and experience, giving examples that illustrate your suitability for the post. Also your reasons for applying for the post.

12. HOBBIES AND INTERESTS

13. REFERENCES (PLEASE COMPLETE IN BLOCK CAPITALS)

Please give the name and address of two referees, one of whom should be your current or most recent employer and the other a previous employer. If you are unable to provide 2 work based references please provide details of somebody who can comment on your suitability for this post. (Personal references will only be accepted when an applicant does not have sufficient work experience to supply work based references.) If you were known by a different name, please also state this. We may contact previous employers as detailed in your Employment history in addition to those referees provided below.

Referee 1 – <u>Current/Most recent Employer</u>	Referee 2
Name:	Name:
Organisation:	Organisation:
Position:	Position:
Address	Address
Postcode	Postcode
Telephone No.	Telephone No.
In what capacity does this person know you?	In what capacity does this person know you?
Are we able to contact this Referee without your prior consent? Y/N	

14. Please indicate any dates on which you would NOT be available for interview if called:

15. When could you take up duty, if appointed?

16. I DECLARE THAT THE ABOVE INFORMATION AND STATEMENTS I HAVE GIVEN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND COMPLETE. I UNDERSTAND THAT IF I HAVE GIVEN ANY INFORMATION THAT I KNOW IS FALSE OR IF I WITHHOLD ANY RELEVANT INFORMATION, THIS MAY LEAD TO MY APPLICATION BEING REJECTED OR, IF ALREADY APPOINTED, TO MY DISMISSAL. I AM PREPARED TO UNDERGO A MEDICAL EXAMINATION IF REQUIRED AND CONFIRM THAT THERE ARE NO MEDICAL REASONS THAT WOULD PREVENT ME FROM UNDERTAKING THE DUTIES OF THIS POST.

SIGNED: X

DATE:

17. CRIMINAL CONVICTIONS

Due to the nature of the work for which you are applying, this post is exempt from the provisions of s.4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. As an individual having substantial access to vulnerable people applicants can not regard any past criminal conviction as 'spent' thus all convictions past and present must be declared.

Applicants are not entitled to withhold information about convictions which for other purposes are considered 'spent' under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in immediate termination of employment, or disciplinary action by the employer. You are required to supply a valid disclosure document. If you are unable to supply a copy of this document Warren Park Nursing Home will require a disclosure from the Criminal Records Bureau to confirm the details that you have supplied. This will only be made if you are selected for the position, but it will be before the appointment is confirmed. The company can carry out this service on your behalf with reimbursement in full or arranged as a deduction from your wages.

Any information given will be completely confidential and will be considered only in relation to this application.

Please complete the following

I declare that I do not possess, nor have I ever possessed a criminal conviction TRUE

I have never been subject to any conditional discharge, bind-over or cautions TRUE

* If you have indicated that you do have a previous conviction/caution, please give details including the offence and date:

SIGNED AS A CORRECT STATEMENT: _____ DATE: _____

Please confirm the following:

I have no objection to a Police Check being made

18. HEALTH QUESTIONNAIRE

Your responses will enable us to establish your fitness for employment in the job for which you have applied. You will not be automatically refused a position if you have a health issue.

Please list any absences from work/school/college for health reasons during the past 12 months.

Length of Absence	Reason for Absence
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Do you suffer from, any of the following conditions*? Please answer Yes or No

Angina, heart conditions	<input type="text"/>	Migraine	<input type="text"/>
Allergies	<input type="text"/>	Asthma, etc	<input type="text"/>
Rheumatism or joint pain	<input type="text"/>	Diabetes	<input type="text"/>
Hernia or rupture	<input type="text"/>	Eczema, dermatitis	<input type="text"/>
Repetitive Strain Injury	<input type="text"/>	Epilepsy	<input type="text"/>
Bronchitis, chest infections	<input type="text"/>		
Mental illness including acute anxiety or depression	<input type="text"/>		
Serious backache, slipped disc, sciatica or back injury	<input type="text"/>		
Do you consider that you have a disability?	<input type="text"/>		

*If so, please give details of your disability:

Details of any condition/disability:

To the best of my knowledge the information given above is correct. I understand that if I am appointed and the information I have provided is false, I am liable to be instantly dismissed.

SIGNATURE: DATE:

DATA PROTECTION NOTICE

We are collecting this information to help us assess your job application. It will be used for our recruitment and selection procedure. It will be seen by managers handling recruitment, personnel staff, and other managers in WarrenCare. If you are employed by WarrenCare some of the information will be transferred to the staff database and to managers. If you are not selected for this post the information may be passed on for future recruitment purposes, but if not required will be destroyed after one year. If you have any concerns about the collection or use of this information you should contact the Personnel Manager. The sensitive data you provide on the final sheets, which indicates your ethnicity and any disability is for monitoring purposes only and will not be taken into consideration in the selection process.

Please indicate your willingness for this information to be held on you. I consent to this information being held on file by Warren Park Nursing Home.

SIGNATURE: DATE:

Warren Park Nursing Home is committed to developing working practices which will allow every member of staff to contribute his or her best, regardless of for example, race, sex, marital status, religion, age, disability, sexual orientation or any other irrelevant factor. We monitor our Equal Opportunities Policy in order to make sure that our recruitment processes are fair and free of bias. We will treat this information as confidential and it will only be used to aid our personnel department to ensure that our workforce reflects the wider community in which we work. The following information is not mandatory; however we would be grateful if you would complete the details in order to monitor our recruitment process.

19. Please **tick or place x in ONE** of the boxes below. Please make sure that you read all the categories before you tick the box that applies to you. Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated.

Are you WHITE?	01	<input type="checkbox"/>	
Are you BLACK?	02	<input type="checkbox"/>	of Caribbean origin
	03	<input type="checkbox"/>	of African origin
	04	<input type="checkbox"/>	of other origin
			(Please describe below)

Are you ASIAN?	05	<input type="checkbox"/>	of Indian origin
	06	<input type="checkbox"/>	of Pakistani origin
	12	<input type="checkbox"/>	of Bangladeshi origin
	13	<input type="checkbox"/>	of East African origin
	14	<input type="checkbox"/>	of Chinese origin
	15	<input type="checkbox"/>	of other origin
			(Please describe below)

Do you belong to some other group or groups?	31	<input type="checkbox"/>	(Please describe below)
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20. Gender: Male Female

21. Age Range

	16-20	<input type="checkbox"/>
21-30	31-40	<input type="checkbox"/>
41-50	51-60	<input type="checkbox"/>
61+		<input type="checkbox"/>

22. Do you consider that you have a disability?

If so, please give brief details of your disability on the separate form enclosed.

23. My status is: **Married/Single/Living with partner/Divorced/Widowed/Seperated**

24. Where did you hear about this vacancy?