



APPLICATION FORM

TO BE COMPLETED BY ALL CANDIDATES INCLUDING VOLUNTEERS

NAME OF CARE HOME :.....(referred to as “the care facility”)

NB. The answers you provide will be treated in strictest confidence and will not be seen by anyone except the management nor will any of the information be disclosed to any third party without your permission. However the National Care Standards Commission, whose requirements you will have to satisfy (including those imposed by the Care Standards Act 2000 and related Regulations and National Minimum Standards), have the right to scrutinise all recruitment paperwork including this form.

POSITION APPLIED FOR:	
PERSONAL DETAILS	
Date Applied:	
A	Surname:
B	Forenames:
C	Title (Mr, Mrs, Miss, Ms):
D	Postal address:
E	Phone No:
F	Do you require a work permit to work in the UK? YES / NO
G	If yes, please give details of Work Permit Reference Number:
H	Qualified Nurses Only Pin Number:
I	National Insurance Number:
NEXT OF KIN A	Name:
	B Phone:
C	Address:



EDUCATION

A School attended: _____ Date: /..... to/.....(month/year)

B Please give details of examinations passed:

PROFESSIONAL QUALIFICATIONS

A College/University attended: _____ Date: /..... to/.....(month/year)

B Please give details of examinations passed:

C Care qualifications:

D Other qualifications:

E Relevant courses:



EXPERIENCE

What experience have you had in caring for frail elderly persons and elderly persons with mental health problems.

A Where?

B When?

C What other relevant training and experience do you have relating to this vacancy?

EMPLOYMENT

A Please give the name and address of present (or most recent) employer:

B Please give your job title:

C Please give a brief description of your job role:

D What is your length of service with this employer?

From (month/year):/..... To (month/year): /

E What period of notice of termination do you need to give?

F Please give reasons for seeking new employment:



PREVIOUS EMPLOYMENT HISTORY (Please provide a full employment history since the age of 16 or since leaving full time education. Also include any breaks in your employment history with the reason for the break)

Dates From (month/year) to (month/year)	Employer	Position held	Reasons for leaving (or break)
..... / to /			
..... / to /			
..... / to /			
..... / to /			
..... / to /			
..... / to /			
..... / to /			

GENERAL

A Interests/hobbies (please give details of pastimes, sports etc):

B Community/volunteer experience:



REHABILITATION OF OFFENDERS ACT 1974 - EXEMPTION FROM SECTION 4(2).

This vacancy is exempt from the above and staff are not therefore entitled to withhold information about "spent" convictions. If you have ever been convicted of any offence by a court of law, please give details of the offences with dates below. If you have ever been cautioned by a constable in respect of any offence and at the time you were cautioned you admitted the offence(s) please give details of the offences with dates below. **You are obliged to give this information and sign as to the truth of your answers. If you have not got any convictions and/or cautions please write "no convictions and/or cautions" as appropriate and sign.** If your name is on a Protection of Vulnerable Adults (POVA) Register this must be declared. The failure to declare any conviction and/or caution is sufficient grounds for instant dismissal.

Please complete as necessary:

Signed Dated

PLEASE GIVE ANY FURTHER INFORMATION YOU THINK MIGHT BE HELPFUL TO YOUR APPLICATION:





REFERENCES

Please give the names and addresses of two people willing to give you a reference and state the capacity in which you are known to them (not family). One reference must be the current or last employer. No approach will be made to your employer without your permission. Can we have your permission?

Yes / No (please circle).

Please note that your application cannot be processed without a reference from your present/most recent employer

Name **Position Held**

Address

Post code

Telephone number

Relationship to Applicant (Friend/Employer/Other)

Name **Position Held**

Address

Post code

Telephone number

Relationship to Applicant (Friend/Employer/Other)



PERMISSION FOR A CRIMINAL RECORDS BUREAU SEARCH (THIS DECLARATION MUST BE SIGNED)

I hereby give my permission for the management of the care facility to implement a search via the Criminal Records Bureau to see whether I have any record, criminal or otherwise, which would preclude them from employing me.

Signed Dated





EQUAL OPPORTUNITIES			
It is the care facility's policy to recruit the most suitable person for the job without any regard to sex, marital status, race or, subject to the legal requirements of the Care Standards Act 2000, disability. To help us monitor this policy we would be grateful if you would provide the following details. However, this is purely voluntary and if you choose not to do so, it will not affect your application in any way. Please ✓ the appropriate box.			
Gender	Male	<input type="checkbox"/>	Female <input type="checkbox"/>

Ethnicity

White <input type="checkbox"/>	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Black Other <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	Indian <input type="checkbox"/>
Other (please specify):			
Do you consider yourself to have a disability yes / no			
If yes what is the nature of your disability			

I declare that the information provided on this application form is true and complete to the best of my knowledge. I give my consent to the care facility processing the personal data included on this form for the purpose of their equal opportunities monitoring policy and for the purpose of the recruitment process and, if applicable, my future employment with them.
Signature
Date of application

On completion this form should be returned by -- / -- / -- in an envelope marked confidential to
The Home Manager

Received by Home Manager: Signature: _____ Date: _____



CONFIDENTIAL HEALTH DECLARATION

Surname Mr/Mrs/Miss/Ms.....

Forenames Maiden Name

Address

.....

.....

..... Postcode.....

Post

Home

Proposed starting date

Doctor Name: Phone:

Address:

This form asked questions about your past and present health. It will be used to make an assessment of your health in relation to your proposed employment. The information given will not be disclosed to anyone without your permission, but an opinion based on this information about your fitness for employment will be considered. Following receipt of this form you may be called for a health interview – or medical examination. Please answer ALL questions

If you experience any difficulties in completing this form please contact us for advice.

Before answering the questions you should read the declaration to be signed at the end of the form.

FOR OFFICE USE ONLY

• Suitable for employment

• Refer to Doctor because of

.....

Signed..... Date.....



Have you had a previous examination/health assessment? YES/NO

Have you had a chest x-ray within the last 12 months? YES/NO

If YES state DATE and PLACE

Please answer the following questions to the best of your ability. They are important to your future health. If the answer to any of the questions is yes, please give appropriate details in the space provided including relevant dates, length of absence from work etc.

HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING?	YES/NO	IF YES PLEASE GIVE DATES AND DETAILS
Backache, back injury or slipped disc		
Prolonged pain, arthritis or injury to the neck.		
Fits, epilepsy fainting attacks, blackouts or giddiness.		
Nervous breakdown, mental illness, depression.		
Heart disease, angina, raised blood pressure.		
Breathlessness, palpitations, swelling of the ankles		
Disease of the nervous systems (Parkinson's, multiple sclerosis etc)		
Asthma, bronchitis, pneumonia, TB or other chest illness		
Rheumatism, rheumatic fever, arthritis or other joint problems		
Diabetes, thyroid or glandular disorder		
Have you ever been treated for drug or alcohol addiction?		



Hernia or rupture		
Migraine or frequent headaches		
Dermatitis, eczema or other skin complaints		
Hepatitis or other infectious or contagious condition		
Are you allergic to any drugs, chemicals or any other materials?		
Is your skin sensitive to any other materials		
Number of days absence in the last two years		
Are you at present under medical supervision or taking any tablets or medicine?		
Do you suffer from any recurrent illness?		
Are you in good health?		





IMMUNISATION AND VACCINATIONS

QUESTIONS	YES/NO DON'T KNOW	PLEASE GIVE PLACE AND APPROX DATES
Have you ever has a TB skin test e.g. Heaf, Tine, Mantoux?		
Have you ever been immunised against the following:- TB (BCG)		
Rubella (German Measles)		
Poliomyelitis		
Tetanus		
Diphtheria		
Whooping Cough		
Hepatitis B		
Other		

1. I declare that the information given in this document is true and complete to the best of my knowledge, and I understand that failure to disclose information may affect my employment.
2. I consent to a medical interview/examination if necessary
3. I agree to accept any immunisations to undertake the duties of the post and that relevant details and results of any tests may be sent to my General Practitioner.
4. I agree to report to my Line Manager if I have any contact with, or suffer from any personal illness/disorder which could present a health hazard to anyone with whom I work (i.e. resident or member of staff).

Signed..... Date

Name