

THE SHRUBBERY NURSING HOME

PART OF THE
EPHRAIMS CARE GROUP.

**APPLICATION FOR EMPLOYMENT
DISCLOSURE REQUIRED.**

**You must fill in all the sections of this application form in black ink.
We will not accept CVs.**

VACANCY	
Post you are applying for:	
You should return this form to:	
The Manager, The Shrubbery Nursing Home, Birmingham Road, Kidderminster DY10 2JZ	

1 PERSONAL DETAILS	
Surname:	
First name(s):	
Have you ever been known by another name?	<input type="checkbox"/> Y <input type="checkbox"/> N Tick the box that applies
If so, what was it?	
Address:	
	Postcode
Telephone No (day):	
Telephone No (evening):	
Mobile No:	
Email address:	
National Insurance No:	

Do you have a valid driving licence?	<input type="checkbox"/> Y <input type="checkbox"/> N Tick the box that applies
Do you have any penalty points on your licence? (If you do, say how many)	<input type="checkbox"/> Y <input type="checkbox"/> N Tick the box that applies
Do you have the use of a car for work?	<input type="checkbox"/> Y <input type="checkbox"/> N Tick the box that applies
Which motor insurance company do you use to insure the vehicle?	Remember, you will need to be insured for business use on your policy if you use your vehicle for your work.

2 AVAILABILITY						
Please show below the hours you would like to work						
MON	TUE	WED	THU	FRI	SAT	SUN
I would like to work a Continental Shift system (we will tell you what this means)		<input type="checkbox"/> Y <input type="checkbox"/> N Tick the box that applies				

3 CURRENT EMPLOYMENT	
Job title:	
Salary:	£
Other benefits:	
Date started: DD/MM/YYYY	
Current employer's name:	
Address:	
	Postcode

Telephone No:	
Amount of notice required:	
Brief outline of duties:	
Reason for leaving:	

4 PREVIOUS EMPLOYMENT	
<p>Please list ALL of your previous jobs including any with your present employer. Start with the most recent. References may be sought from your previous employers. If necessary please continue on a separate sheet, placing your name in the TOP RIGHT corner and numbering the additional sheets.</p>	
Job title:	
Date started: DD/MM/YYYY	
Date left: DD/MM/YYYY	
Current employer's name:	
Address:	
	Postcode
Brief outline of duties:	
Reason for leaving:	
Job title:	
Date started: DD/MM/YYYY	
Date left: DD/MM/YYYY	
Current employer's name:	

Address:	
	Postcode
Brief outline of duties:	
Reason for leaving:	
Job title:	
Date started: DD/MM/YYYY	
Date left: DD/MM/YYYY	
Current employer's name:	
Address:	
	Postcode
Brief outline of duties:	
Reason for leaving:	

5 BREAKS IN EMPLOYMENT HISTORY

Any gaps in employment history since leaving school and reasons must be detailed below; this should include voluntary work, unemployment, domestic reasons, prison custody etc.

If necessary, please continue on a separate sheet, placing your name in the TOP RIGHT corner and numbering the additional sheets.

From:

To:

Reason:

From:	To:
Reason:	
From:	To:
Reason:	
From:	To:
Reason:	

6 REFERENCES

Please give details of three referees (two ideally being previous employers) whom we may ask about your suitability for the job. The first referee **must** be your current or most recent employer (or school if you are a school leaver). You should not name a relative as a referee. References will only be taken up if you are selected for interview. **We reserve the right to contact any other previous employer for a reference.**

We will not confirm an offer of appointment until we have received all satisfactory references from your present or most recent employer (or school if you are a school leaver).

FIRST REFERENCE

Name	
Address:	
	Postcode
Telephone No:	
Job Title:	
Is this Referee an employer or a friend?	<input type="checkbox"/> EMPLOYER <input type="checkbox"/> FRIEND Tick the box that applies
Can we contact this Referee prior to interview?	<input type="checkbox"/> Y <input type="checkbox"/> N Tick the box that applies

SECOND REFERENCE

Name	
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Address:	
Telephone No:	Postcode
Job Title:	
Is this Referee an employer or a friend?	<input type="checkbox"/> EMPLOYER <input type="checkbox"/> FRIEND Tick the box that applies

THIRD REFERENCE	
Name	
Address:	Postcode
Telephone No:	
Job Title:	
Is this Referee an employer or a friend?	<input type="checkbox"/> EMPLOYER <input type="checkbox"/> FRIEND Tick the box that applies
Can we contact this Referee prior to interview?	<input type="checkbox"/> Y <input type="checkbox"/> N Tick the box that applies
Can we contact this Referee prior to interview?	<input type="checkbox"/> Y <input type="checkbox"/> N Tick the box that applies

7 ABSENCES

How many periods of absence have you had through ill health in your last year of employment?

During that year, how many days in total had you been absent from work due to ill health?

 0-3 days

 4-10 days

 10-20 days

 20-30 days

 30 + days

Tick the box that applies and give details

8 EDUCATIONAL QUALIFICATIONS

Please give details of secondary, further and higher education qualifications achieved. Start with the most recent. Please include institute details e.g. college etc. **You should bring your Certificates to any interview.**

Date	Qualification gained or pending (state subject and institute details)	Grade(s) obtained	Office use – Certificates checked by:

If necessary, please continue on a separate sheet, placing your name in the TOP RIGHT corner and numbering the additional sheets.

9 TRAINING

Please list below relevant job-related training you have undertaken, and/or any professional qualifications achieved. Certificates should be produced at interview.

Date	Course Title	Organiser	Office use – Certificates checked by:

If necessary, please continue on a separate sheet, placing your name in the TOP RIGHT corner and numbering the additional sheets.

10 MEMBERSHIP OF PROFESSIONAL BODIES

Please state whether by election, exemption or examination

Date	Professional Body	Number	Grade / Level	Office use – Certificates checked by:

If necessary, please continue on a separate sheet, placing your name in the TOP RIGHT corner and numbering the additional sheets.

11 DISCIPLINARY MATTERS

Have you been subject to any disciplinary investigation or action including suspension from duty during your periods of employment with any employer? Include any investigations or actions taken by your professional body?

 Y N

Tick the box that applies

If yes, please provide details of action taken. Include any pending incident/action.

If necessary, please continue on a separate sheet, placing your name in the TOP RIGHT corner and numbering the additional sheets.

12 FURTHER INFORMATION

Please give any information below that you think will help us to consider your application. You should relate your information to the job description and person specification. Please include details of relevant experience, any specialised knowledge you have including any voluntary work undertaken and your leisure interests.

If necessary, please continue on a separate sheet, placing your name in the TOP RIGHT corner and numbering the additional sheets.

12 CRIMINAL CONVICTIONS / CAUTIONS / DISQUALIFIED PERSONS / INVESTIGATIONS

This company is committed to the welfare and safety of vulnerable adults & children. Criminal convictions are not necessarily a bar to employment but the safety of vulnerable adults and children will be key to all decisions regarding the employment of staff or volunteers.

This position is exempt under the Rehabilitation of Offenders Act 1974, therefore you must disclose all previous convictions, cautions, bind over orders, any road traffic offences, Court Martials, or any pending proceedings. A Criminal Records Bureau Disclosure will be required.

To assist with the implementation of this policy, all applicants are asked to complete the following questionnaire and provide written consent for checks to be completed.

1. Have you ever pleaded guilty, been convicted, or cautioned by a police officer, for any criminal offence?

 Y N

Tick the box that applies

2. Have you ever been interviewed as a potential suspect or investigated in relation to matters that might have led to criminal proceedings?

 Y N

Tick the box that applies

3. Have you been subject to, or interviewed, in relation to disciplinary matters or allegations against you, in any previous employment?

 Y N

Tick the box that applies and give details at 11

4. Has your name been added to any of the following:

The DOH Consultancy List, now known as the Protection of Children Act List, The DFES List 99 or The Protection of Vulnerable Adults List.

 Y N

Tick the box that applies

5. Have you ever been subject to, or party to, court proceedings, involving any social services authority or its equivalent, here or abroad, that has resulted in the removal of children or vulnerable adults from your care, or the imposition of a statutory supervision order?

 Y N

Tick the box that applies

6. Have you ever been refused registration or cancelled from any official registers of the following:

Child-minders, Day Care Providers, Private Fostering, Registered Care Home or Children's Home?

 Y N

Tick the box that applies

If the answer to any of these questions is YES, please give full details at 14.

Your are reminded that knowingly withholding this information or failing to disclose subsequent information will lead to a disciplinary investigation or an application for employment not being approved. You should note that **it is a criminal offence** to knowingly apply for, offer to do, accept or do any work with children or vulnerable adults when prevented either by reason of disqualification order under the Criminal Justice and Court Services Act 2000 or by reason of inclusion in one of the Lists held by the Department of Health or the DFES.

IF THIS SECTION IS FILLED IN, THE APPOINTING PERSON SHOULD COMPLETE APPENDIX 3.

13 AGREEMENT TO DISCLOSURE

I hereby give consent to the company completing such checks as are necessary with records held by the Company and/or other agencies in order to verify the information provided above.

I further understand and agree that if, for whatever reason, my application is either refused or withdrawn, but information is revealed which leads the company to conclude that I may pose a risk to children and/or vulnerable adults, it will keep this information for an appropriate period.

I understand that the company may reveal this information to any other agency or company. I understand that, if practicable, I will be alerted prior to such a disclosure and be invited to comment.

If you take up employment it is necessary for you to inform the person with personnel responsibilities of any cautions, bind over orders or convictions you sustain during the subsequent course of your employment.

FAILURE TO DO SO WILL LEAD TO A DISCIPLINARY INVESTIGATION OR AN APPLICATION FOR EMPLOYMENT NOT BEING APPROVED.

Position applied for:	
NAME:	
SIGNATURE:	
Date:	

14 PERSONAL RELATIONSHIP TO EMPLOYEES OR SERVICE USERS OF THE COMPANY

Please give the details of any employee or service user of the company whom you know personally (this includes family and friends). If you fail to disclose such information you may be disqualified from consideration or, if appointed, liable to dismissal. **Canvassing of any employee will disqualify an applicant for appointment.**

Name:	
Relationship:	
Name:	

Relationship:	
Name:	
Relationship:	

15 DECLARATION

I certify that to the best of my knowledge the details provided on this form and all other supporting papers are true and correct. I understand that if I have provided false or misleading information or omitted relevant information, this will result in the termination of any contract of employment or the withdrawal of any offer of employment.

In accordance with the Data Protection Act 1998, the information or data which you have supplied on this form may be processed and held on computer, and will also be processed and held on your personnel record if you are appointed. The data may be processed by this organisation for the purposes of equality monitoring, compiling statistics, and for the keeping of other employment records. By signing and returning this application form you will be deemed to be giving your explicit consent to processing of data contained or referred to on it, including any information which may be considered to be sensitive personal data.

Position applied for:	
NAME:	
SIGNATURE:	
Date:	

RECRUITMENT MONITORING FORM

We will only use this information to monitor our recruitment process. **If you do not wish to answer any of the following questions, please leave them blank.**

Job title:

Name:

Gender:

I would describe my ethnic origin as:

Tick the box that applies

White

- English
- Scottish
- Welsh
- Irish
- Other White British

Asian or British Asian

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or black British

- Caribbean
- African
- Any other black background

Mixed race

- White and black Caribbean
- White and black African Chinese
- White and Asian other
- Any other mixed background

Chinese or other ethnic group

- Chinese
- Other

Religion

In terms of my religion, I would describe myself as:

Tick the box that applies

- Christian
- Buddhist
- Hindu
- Sikh
- Of other religion

Please say which religion below:

- Having no religion

Sexual Orientation:

Heterosexual

Gay

Bisexual

Lesbian

Do you consider yourself to have a disability?

 Y N

Tick the box that applies

If you are selected for interview, are there any special arrangements we would need to make for you?

 Y N

Tick the box that applies

If you answer YES, and you are successful in obtaining an interview, we will contact you after the shortlist has been drawn up to discuss the arrangements.

Health Questionnaire

You are asked to fill in this form honestly and accurately. This is in your own interest as well as that of the company and the public.

Please read the questions carefully and answer them in ink as accurately and as fully as possible. Give extra details if necessary on a further sheet of paper.

Past Medical History (delete yes or no as appropriate)

Are you presently, or have you ever, suffered from any of the following:

Coronary Thrombosis	YES	NO
Stroke	YES	NO
Circulatory Disorders	YES	NO

Other Heart diseases	YES	NO
High Blood Pressure	YES	NO

Nervous, emotional or eating disorders	YES	NO
Depression	YES	NO
Fits or faints	YES	NO

Migraine, Vertigo, Dizzy attacks	YES	NO
Anxiety	YES	NO
Epilepsy	YES	NO

Diabetes	YES	NO
Other glandular disorders	YES	NO

Thyroid disorder	YES	NO
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Chronic Chest disease	YES	NO
Tuberculosis	YES	NO

Asthma	YES	NO
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Hernia / Rupture	YES	NO
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Jaundice / Hepatitis B	YES	NO
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Arthritis	YES	NO
Slipped disc	YES	NO

Back pain / backache	YES	NO
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Skin disease e.g.: Eczema (give further details here)	YES	NO
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Allergies eg: hay fever, food allergies, etc (give further details here)	YES	NO
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Defects of vision	YES	NO
Defects of hearing	YES	NO

Ear disease or discharge	YES	NO
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Have you ever suffered a serious accident or injury
(give further details here)

YES NO

Have you previously had
chickenpox

YES

NO

HIV/AIDS/Hepatitis B

**Do you consider that there is a risk that you may have contracted either
an HIV or a Hepatitis B viral infection?**

YES NO

This question is asked in order to reduce any risk to patients to whom you provide
care.

Do you receive a War Pension or any other disability benefit

YES NO

Present health

Do you take any medical
drugs regularly

YES

NO

How is your general health
usually

Good

Poor

Moderate

Do you wear glasses / contact
lenses

YES

NO

Do you wear glasses for VDU
work

YES

NO

Are there any other health problems you wish to mention
(give details here)

YES NO

**If you have answered YES to any of the questions on this Health Questionnaire, you MUST
give full details, including relevant dates, on a n attached piece of paper or at the end of
this form.**

Immunisation

Have you been immunised for the following:

Tuberculosis

YES

NO

Tetanus

YES

NO

Rubella

YES

NO

Polio

YES

NO

Any other (give details)

Declaration

I declare that all the answers I have given in this application are true to the best of my knowledge.

I understand that if it is subsequently discovered that any statement is false or misleading, the company has the right to summarily dismiss me from my position.

Signed:

Date:

Name and Address of GP:

Further medical details:

Signed (Applicant):

Date: