

Almondsbury Care Limited
Nursing Home
Job Application Form

Title of post applied for:	Job Ref:
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Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

Confidential

1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname:		Initials:	
Former surnames if different:		Preferred Name or Title (Optional):	
Address:		Tel No (home):	
		Tel No (business):	
		Tel No (mobile):	
Town	Post Code	Fax No:	
E-Mail address:		Nat. Insurance No:	
Nationality:		If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit.	
Do you need a work permit to be employed in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this post.)	
Where did you learn of the post?			
Preferred work arrangements:		<input type="checkbox"/> Full-time <input type="checkbox"/> Job share <input type="checkbox"/> Term time only <input type="checkbox"/> 30 hrs a week	

2. EDUCATION AND PROFESSIONAL QUALIFICATIONS

(Original documents as proof of qualification will be required at interview.)

Secondary School / College / University	Dates		Examinations taken	Date	Result
	From	To			

Professional Qualifications currently held: how obtained, grade and date

Other relevant Educational or Training Courses, with dates

3. PRESENT POST

Title of Post:		Salary/Grade:	
Name of Employer:		Business of Employer:	
Address:		Date Commenced:	
		Date Ended (if applicable):	
Town	Post Code		
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable):			
Reason for leaving or wishing to leave:			
Period of notice required to terminate present employment:			
Please notify us of any dates you are available for interview:			

4. PREVIOUS EMPLOYMENT

(Please use continuation sheet if necessary.)

Name and Address of Employers	Position held	Reason for leaving	Final grade/salary
Post Code			start date leaving date
Description of duties:			

Name of Employer			start date leaving date
Post Code			
Description of duties:			

Name of Employer			start date leaving date
Post Code			
Description of duties:			

Name of Employer			start date leaving date
Post Code			
Description of duties:			

Have you had any material (e.g. 3 months or more) gaps in your employment? yes. If yes, please provide relevant details:			
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5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB

6. OTHER INFORMATION

What activities outside work interest you? (State any positions held you consider relevant.)

Do you hold a current driving licence?

Yes

No

Do you own a car?

Yes

No

Health

Please state the number of days sickness absence in the last 2 years:

NB: Successful candidates will be required to complete a full medical questionnaire.

Disability Discrimination Act 1995

Do you consider yourself to be disabled under the Disability Discrimination Act?

Yes

No

If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job?

Yes

No

If Yes, please provide further details:

If selected for interview, do you require any assistance/adaptations to help you attend?

Yes

No

If Yes, what assistance/adaptations do you require?

Rehabilitation of Offenders Act 1974

Have you any convictions that are not spent under Rehabilitation of Offenders Act?

Yes

No

If Yes, please provide further details:

Please disclose any previous criminal convictions spent or not as this is required for care home employment

7. REFERENCES

Referee 1

Referee 2

Title (Mr, Mrs etc):		Title (Mr, Mrs etc):	
Full Name:		Full Name:	
Job Title:		Job Title:	
Organisation:		Organisation:	
Address:		Address:	
Town	Post Code	Town	Post Code
Tel No:		Tel No:	
E-mail address:		E-mail address:	
Fax No:		Fax No:	
Please state if we may obtain this reference prior to interview.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please state if we may obtain this reference prior to interview.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. DECLARATION

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment.

Signature:		Date:	
Name:			

The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment.

Almondsbury Care Limited

GUIDANCE NOTES: Job Application Form

The Application Form

- The application form plays an important part in the selection process; decisions to shortlist candidates for interview are based solely upon the information you supply on your form and the form provides a basis for the interview itself.
- Curriculum Vitae (CVs) alone will not be accepted. However, CVs will be accepted *in addition* to a fully completed application form.
- You may complete the form on a word-processor but please use the appropriate headings and format.

Section 1: Personal Details

- Please give your surname and initials. You are not, however, required to provide your preferred title and/or your forenames. If you have a title or other name you would like to be called (should you be called for an interview), you may at your discretion enter those details.

Section 2: Education and Professional Qualifications

- List membership of professional institutes, in-house courses and professional qualifications if applicable. Essential qualifications will be checked on appointment to a post.

Section 3: Present Post

- Please provide brief information in respect of responsibilities including reporting and management duties. This section should not be left blank unless the position you are applying for is your first job.
- Should you be selected for the role “your reason for leaving or wishing to leave” may be verified if we take references per Section 7 below.

Section 4: Previous Employment

- Do not simply list the duties of your jobs. Please give a brief explanation of the main duties of your previous jobs.
- Whilst you are not required to provide dates in relation to previous jobs it is important you confirm whether or not you have had material gaps in your employment. If you have, it would be helpful if you could provide relevant details.

Section 5: Relevant Skills, Abilities, Knowledge and Experience

- This section is vital.
- Think about what evidence you can provide to demonstrate you have the necessary skills, ability, knowledge and experience required.
- You may have acquired these in a variety of ways e.g. through work, running a home, voluntary work, hobbies etc.
- Address each of the criteria separately and briefly outline how you meet each one, providing specific examples.

Section 6: Other information

- A simple list will suffice unless positions held and the skills/experience attained are directly relevant to the position for which you are applying.

Section 7: References

- Should you be selected for the role we will want to take up referees as outlined below. However if possible we would like to do this earlier in the process.
- *Employment references* – please provide referee/s details to cover recent relevant employment.
- *Academic references* – if you are a school leaver or graduate entrant and do not have any previous employment history, please supply the details of a school/college tutor.
- *Personal references* – if you have no previous employment please give details of someone who can provide a character reference.
- We reserve the right to take up references from any previous employer.

Section 8: Declaration

- This section must be signed by the applicant. It is a declaration of the validity of the information in the application, and confirms that misleading information would be sufficient grounds for terminating of employment.

- Please return your Application Form to: Nursing Home

Almondsbury Care Limited
 Medical Questionnaire
 STRICTLY PRIVATE AND CONFIDENTIAL

Title of post applied for:		Job Ref:	
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Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

CONFIDENTIAL

1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)			
Surname:		Initials:	
Address:			
<Town>		<Post Code>	
Telephone:			
Height (metres)		Weight (kgs)	

2. GENERAL PRACTITIONER'S DETAILS			
Name:		Telephone Number:	
Address:			
Town		Post Code	

3. DISABILITY DISCRIMINATION ACT 1995	
Do you have a disability which may affect your ability to undertake the role of ----- or which requires special arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Disability Discrimination Act 1995 defines a person with a disability as "A physical or mental impairment which has a substantial adverse long term effect on his or her ability to carry out normal day to day activities."	
If yes, what facilities/adjustments/equipment might enable you to perform the role?	

4. PAST MEDICAL HISTORY

Have you ever suffered, or do you currently suffer, from any serious illnesses which may affect your work? If YES, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently take any prescribed medications that make you dizzy or drowsy? If YES, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your eyesight ok (with glasses or contact lenses if needed) for all normal work purposes? If NO, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your hearing in each ear ok (with a hearing aid if needed) for all normal work purposes? If NO, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you suffered, or do you currently suffer, from any form of Repetitive Strain Injury (RSI)? If YES, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever left a job or had to be medically retired due to ill health? If YES, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. SICKNESS ABSENCE

Please list how many days you have been absent from work, school, college etc in the last three years due to sickness. For each absence please also indicate the dates and the reason.

Number of days absence	Dates of absence (dd/mm/yy)	Reason (please state if related to a disability)

6. DECLARATION

I declare that the information given in this questionnaire is true and complete. I understand that any misleading information or any omissions will be sufficient grounds for termination of my employment.

I will notify you immediately if any of my answers change on my completed questionnaire.

I do/do not give permission to my General Practitioner to disclose relevant information to the Company and/or the Company's Occupational Health Practice in accordance with the Access to Medical Records Act 1988.

I do/do not wish to see my General Practitioner's comments before the questionnaire is returned to the Company's Occupational Health Practice or the Manager of the Home.

I do/do not want to know if I am at risk of early ill-health retirement.

Name:		Signature of applicant:		Date:	
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The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with the recruitment process.

Almondsbury Care Limited GUIDANCE NOTES: Medical Questionnaire

Health Policy

- Our health standard requires you to show that you can give regular and effective service. In order to do this, we ask you to provide details of your health.
- Do not be concerned if you find yourself answering 'Yes' to a lot of questions. This is quite normal and does not mean that you are unfit for the job.
- We will contact you if we need further details and, if necessary, ask for a report from your General Practitioner (GP).
- The health of each candidate is considered individually and no decision to reject a candidate is made without referral to a medical advisor.
- We are an equal opportunities employer. We recruit, provide training and promote staff on the basis of ability not perceived disability. All employees and applicants are treated equally irrespective of race, sex, sexual orientation, religion, disability, age, marital status or ethnic origin.
- Any information given on your medical history on any disability will assist us in assessing whether reasonable adjustments can be made.

Completion of Questionnaire

- Only successful candidates will be asked to complete this form.
- A copy of the completed questionnaire should be sent/taken (assuming permission has been granted per the Declaration Section of the Medical Questionnaire) to your GP for confirmation together with the General Practitioner's Comment's form.
- Once the General Practitioner's Comment's form has been signed by the GP please send it to the <<e.g. Occupational Health Department or HR Manager>>
- If you do not wish to know the outcome of that assessment you can ask for it to be withheld unless you subsequently decide to appeal against the decision.

Retirement

- The information given on this form and at subsequent medical examinations will also be used to form an opinion of whether you are at risk of early ill-health retirement.

Declaration

- This section must be signed by the applicant. It is a declaration of the validity of the information in the application, and confirms that misleading information would be sufficient grounds for termination of employment.

Data Protection and Confidentiality

- Personal Information given by you in this questionnaire will not be passed on nor used for any purpose outside that of assessing your health and medical status, subject to the following exceptions:
 - Where you give express consent to disclose the information or data;
 - Where a member of our staff would be liable in civil or criminal court procedure if the information were not disclosed; or
 - Where a member of our staff believes that you are in serious danger.If any of these circumstances arise, you will be advised by us wherever possible.
- Under the Data Protection Act you will have a right to access any medical notes which we keep on you, unless those notes refer to a third party in which case you will have the right to qualified access to those notes.

<p>Almondsbury Care Limited Equality and Diversity and Equal Opportunity Recruitment Monitoring Form</p>

Job Ref:	
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In compliance with our Equality and Diversity and Equal Opportunity Policy, we are monitoring job applications to make sure discrimination on the grounds of sex, sexual orientation, gender reassignment, race, ethnic origin, religion, marital status, age and disability do not occur. We would be grateful if you would complete and return this form with your employment/job application form.

Confidential

1. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
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2. Preferred Title	<input type="checkbox"/> Miss <input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Dr	<input type="checkbox"/> Mrs <input type="checkbox"/> Other:
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Full Name	
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3. Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Separated <input type="checkbox"/> Other:
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4. Ethnic Origin	<input type="checkbox"/> White British <input type="checkbox"/> Black/Black British <input type="checkbox"/> Chinese	<input type="checkbox"/> White Irish <input type="checkbox"/> Asian <input type="checkbox"/> Mixed	<input type="checkbox"/> White Other <input type="checkbox"/> Asian British <input type="checkbox"/> Other:
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5. Disability	Do you consider yourself to be disabled under the Disability Discrimination Act? (The Disability Discrimination Act (1995) defines disability as "a physical or mental impairment which has a substantial and adverse effect on a person's ability to carry out day to day activities".)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the nature of your disability? <i>(optional)</i>	

6. Age Range	<input type="checkbox"/> 16 - 24 <input type="checkbox"/> 45 - 54	<input type="checkbox"/> 25 - 34 <input type="checkbox"/> 55 - 64	<input type="checkbox"/> 35 - 44 <input type="checkbox"/> 65+
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The information you have provided here will stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be used solely to monitor the diversity of Almondsbury Care Limited recruitment regarding Equal Opportunity issues.

**Almondsbury Care Limited
Equal Opportunities Policy
January 2008 update**

The Company's objective is to maintain operational standards so that all its employees and employment applicants are treated equally, irrespective of race, sex, sexual orientation, religion, disability, age, gender reassignment, marital status or ethnic origin. Employees are instructed to ensure the following:

1. There shall be no discrimination in respect of race, sex, sexual orientation, religion, disability, age, gender reassignment, marital status or ethnic origin.
2. Recruitment, promotion, training, development and redundancy shall be determined on capability and merit only.
3. All employees have personal responsibility for the practical application of this Policy, which applies to the treatment of customers, suppliers and the general public as well as to fellow employees.
4. Any employee, manager, supervisor and director that is involved in recruitment, promotion or training has specific responsibility for the practical application of this Equal Opportunity Policy.
5. In the event that an employee considers that he/she has been the subject of unfair discrimination, or any form of harassment or victimisation, the employee should refer to the Company's Grievance Procedure.
6. Any employee or director who has been determined to have committed an act of unlawful discrimination shall be subject to disciplinary action according to the Company's Disciplinary Rules and Procedures.
7. If there is any doubt about the terms of this Policy or the application thereof an employee should consult the Home Manager .