



LOWER FARM NURSING HOME

APPLICATION FORM

PLEASE BE ADVISED THAT THIS APPLICATION FORM SHOULD BE COMPLETED BY ALL CANDIDATES,
INCLUDING VOLUNTEERS.

Position applied for:
Date applied:

PERSONAL DETAILS
Surname:
Forenames:
Title (Mr, Mrs, Miss, Ms):
Postal address:
Landline & Mobile Number:
Email Address:

ELIGIBILITY TO WORK IN THE UK	
Please complete if applicable EA citizen <input type="checkbox"/>	Please complete if applicable Work permit number:

<ul style="list-style-type: none"> Bulgarian/Romanian with Blue Card <input type="checkbox"/> Bulgarian/Romanian with Yellow Card <input type="checkbox"/> Family member of EEA National <input type="checkbox"/> Indefinite Leave to Remain <input type="checkbox"/> Visa spouse <input type="checkbox"/> HSMP <input type="checkbox"/> Work permit <input type="checkbox"/> Student <input type="checkbox"/> Working Holiday Maker <input type="checkbox"/> UK Ancestry Visa <input type="checkbox"/> Other (please state) <input type="checkbox"/> 	<p>Date permit expires:</p> <p>Name of employer on permit:</p> <p>Residence permit document number:</p> <p>Date UK entry clearance/leave to remain expires:</p>
:	<p>WRS number:</p> <p>Date of issue:</p>
:	<p>Blue/Yellow card number & date of expiry if applicable:</p>

EMPLOYMENT

Company name of current or most recent employer:

Full postal address of present (or most recent) employer:

Manager's name & job title:

Telephone number:

Email address:

Job title:

Date from: _____ to: _____

Please give a brief description of your job role:

Notice period:

Reason for leaving:

Please advise when we may we approach this employer for a reference:

Date:

No approach will be made to your employer without your permission, however you would be unable to commence employment without a reference from your present/most recent employer. All employment is subject to references being satisfactory to Archers Healthcare Ltd.

PREVIOUS EMPLOYMENT HISTORY (Please list in chronological order with the most recent company first).

To comply with CQC regulations we are required to apply for references from all previous employers you have worked for within the care sector. Please ensure you list all previous employment & give reasons for any gaps in your employment history. Failure to provide this information or to omit any of your previous employers could be considered as an act of gross misconduct.

Company name	Manager's name & job title	Full postal address & telephone number	Dates from and to	Position held	Reason for leaving

QUALIFICATIONS

Please be advised that we will contact universities, colleges and schools for references should you not be able to provide sufficient employment references.

Course name	Grade achieved	Place of study, including postal address	Name of tutor	Dates from and to

REFERENCES

Please only complete this section if you are not able to provide two employment references or if there are any gaps in employment.

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. The reference must be from an official or professional source and relevant to your most recent history, e.g. schoolteacher, college lecturer, university lecturer.

Referee's name:**Job title & capacity in providing a reference:****Address:****Postcode:****Telephone number:****Email address:****Referee's name:****Job title & capacity in providing a reference:****Address:****Postcode:****Telephone number:****Email address:**

PROFESSIONAL MEMBERSHIP

Please provide details of any membership details you hold of professional institutes.

Name of professional body:

PIN number/membership number:

Date obtained:

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

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GENERAL

Please give details of your interests, pastimes and hobbies:

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Please give details of any community or volunteer experience you have:

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

This vacancy is exempt from the above act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exceptions Amendment. This means that you must declare on this form all offenses, convictions, cautions, bind-over or any court cases you may have pending.

As this post involves working with or having access to vulnerable adults and/or their records, we will require an Enhanced Disclosure from the Criminal Records Bureau for successful candidates.

Have you ever been cautioned or convicted of a criminal offence?	Yes	No
Does your name appear on the ISA list?	Yes	No
Does your name appear on the Protection of Children Act list?	Yes	No
Do you have any spent convictions?	Yes	No
Do you have any unspent convictions?	Yes	No

If you have answered yes to any of the above statements, please give the full details:

If you fail to disclose any criminal conviction, including those spent, it could result in the withdrawal of the job offer, dismissal or disciplinary action.

I understand that I am responsible for paying the current applicable charge for this search.

Signed Dated

DATA PROTECTION

Lower Farm Nursing Home intends to fulfil its entire obligation under the Data Protection Act 1998. Lower Farm Nursing Home will ensure that all information held and processed will be maintained in confidence and treated with all due care. 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.

Lower Farm Nursing Home will try to keep information held about you accurate and up to date. However, if you find any inaccuracies you have the right to have them corrected.

I declare that the information given in this document is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

Signed..... Date

Name

EQUAL OPPORTUNITIES			
It is Archers Healthcare Limited'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.			
Sex, marital status and disability			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Married <input type="checkbox"/>	Disabled <input type="checkbox"/>
Ethnic origin			
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):			

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 Archers Healthcare Limited 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

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.

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?		
When did you last visit your GP?		

Please state any other information that you wish to disclose.

IMMUNISATION AND VACCINATIONS

QUESTIONS	YES/NO DON'T KNOW	PLEASE GIVE PLACE AND APPROX DATES
Have you ever has a TB skin test ?		
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

FOR OFFICE USE ONLY

- Suitable for employment

- Refer to Doctor because of

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