

CLAREVIEW PRIVATE NURSING HOME



APPLICATION FORM

Application for Employment



PRIVATE & CONFIDENTIAL. Please return this form to:

CLAREVIEW PRIVATE NURSING HOME

105 DOAGH ROAD BALLYCLARE BT39 9ES

Please complete this form in black ink. When you have filled in your Monitoring Form please place it in a separate envelope and post together with this form.

Position applied for:		Ref. No.:	
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Title:.....

Forenames:.....

Surname:.....

National Insurance Number:.....

Address:.....

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Postcode:.....

Telephone/Mobile:.....

Email Address:.....

Do you hold a Full Driving Licence: YES / NO

Expiry Date on Licence:.....

Licence Number:.....

Are there any restrictions on you taking employment in the U.K.?: YES / NO

Please detail any other employment you would continue if you were successful in obtaining this position?

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References & Misc.

Please note here the names and addresses of two persons from whom the company may obtain both character and work experience references. One of these references must be from your most recent employer.

Reference 1 ~ most recent employer.

Name:

Company (& Position) or Relationship:

Address:

.....

..... Postcode:

Email Address:

Reference 2

Name:

Company (& Position) or Relationship:

Address:

.....

..... Postcode:

Email Address:

Criminal Record

Hutchinson Care Homes Ltd at all times comply with the Access NI code of practice. A copy of which can be found on our website www.hutchinsoncarehomes.com

In compliance with Access NI code of practice Hutchinson Care Homes need to make you aware of our policy on the recruitment of ex-offenders, a copy of which can be made available on request.

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4 (2) of the Rehabilitation of offenders Act 1974, by virtue of the exceptions order 1975 as amended by the Exceptions (amendment) order 1986, which means that convictions spent under the terms of the rehabilitation of offenders Act 1974 must be disclosed and will not necessarily be a bar to obtaining a position. Any information will be completely confidential and will be considered only in relation to this application.

Is there any reason why you cannot be placed in a position working with vulnerable adults? **YES / NO**

If YES, please give details:

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Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? **YES / NO**

If YES, please give details:

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Health Details

Health Details

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? **YES / NO**

Please specify any special arrangements for work associated with any impairment:

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Please specify any special arrangements you will need to attend an interview:

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Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer:

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Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving:

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Please list all absences from work in the past 12 months and the reasons for such absences:

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Consent & Declaration

Because this position involves the care of children and/or vulnerable adults employment is dependent on the following consent:

By signing this declaration you give written consent for us to:

1. Obtain an enhanced disclosure certificate with/without barred list check from Access NI.
2. Such disclosure being acceptable to us.
3. Request proof of identity – e.g. birth or marriage certificate (where appropriate) and passport (if available).
4. Request and receive two satisfactory written references.
5. Request a photograph of yourself for retention in your records.
6. Request evidence of physical or mental suitability for your work.

Declaration

Please read this carefully before signing this application.

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will be required to submit an Access NI enhanced disclosure application. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

Equal Opportunities Monitoring Form



PRIVATE & CONFIDENTIAL. Please complete in black ink and return this Monitoring Form in a separate envelope along with your Application Form to:

CLAREVIEW PRIVATE NURSING HOME
105 DOAGH ROAD BALLYCLARE BT39 9ES

Position applied for:		Ref. No.:	
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This is optional but is a sign that the employer takes this topic seriously (employers in Northern Ireland are obliged to measure this kind of information). Forms are separated from applications before the selection process starts and are for monitoring purposes only. If you have a strong objection, you can choose not to fill it in.

This information will be treated in the strictest confidence and will be used only for statistical monitoring. It is not part of the selection process and will be separated from the application prior to shortlisting.

We are committed to equal opportunities for all, irrespective of race, colour, creed, ethnic or national origins, gender, marital status, sexuality, disability or age.

So that we can monitor the implementation of our policy we are seeking your help. It would be of great assistance in pursuing our commitment to equal opportunities if you would complete this monitoring form.

Please indicate your Ethnic Origin

Asian / Asian British YES: NO:

Black / Black British YES: NO:

Middle / Near Eastern YES: NO:

Mixed Ethnic Group YES: NO:

White YES: NO:

Black Other YES: NO:

Other (please specify)

Monitoring Form Cont.

Disability

Do you consider yourself to have a disability? YES: NO:

If yes, which of the following descriptions best describes your disability?

Visual (NOT corrected by wearing glasses or contact lenses) YES: NO:

Co-ordination, dexterity or mobility YES: NO:

Mental health YES: NO:

Speech YES: NO:

Learning difficulties YES: NO:

Hearing YES: NO:

If you have a combination of above or other physical or medical conditions ~ please specify below:

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Religion

Please indicate below your religion, or the religion to which you would be perceived to belong.

I am a member of the Protestant community YES: NO:

I am a member of the Roman Catholic community YES: NO:

I am a member of neither the Protestant nor the Roman Catholic community YES: NO: