



**APPLICATION FOR EMPLOYMENT AT
LEONARD PULHAM NURSING HOME**

Abbeyfield welcomes applications from all sectors of the community irrespective of age, race, sex or disability. The information requested in this form is to enable us to obtain a rounded picture of you. Personal information will not of itself be used to disqualify your application.

TITLE OF POST APPLIED FOR

1. PERSONAL DETAILS

Surname Title First Name.....

Address
.....
.....

Telephone No. Mobile No.

E-Mail N.I. No.

Marital Status

Emergency Contact

Name Tel . No.

Relationship to yourself

If you have lived less than five years at your present address, please give your previous address:

.....
.....
.....

Tring Road
Halton, Aylesbury
Buckinghamshire
HP22 5PN

Tel. 01296 625188
Fax. 01296 622793





TRAINING AND QUALIFICATIONS

DATE LEFT FULL TIME EDUCATION

Pin number and expiry date (nursing staff only).....

Courses:

Dates:

.....

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5. **EMPLOYMENT HISTORY**

Please give full details of your employment history **from the date you left full time education**, starting with your present or most recent position (your current employer will not be contacted without your permission). Include any periods when you were not working with a brief explanation, e.g. "Stopped work to raise family". Continue on a separate sheet of paper if necessary. Please ensure that you do not leave any unaccounted for periods of unemployment, as we regret that we will be unable to process your application without all the information requested.

DATES		EMPLOYER'S NAME AND ADDRESS	POST HELD	REASON OR LEAVING
FROM	TO			

Tring Road
Halton, Aylesbury
Buckinghamshire
HP22 5PN

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Have you previously been employed by Abbeyfield or applied for employment with Abbeyfield?

Yes No

If Yes, please give details if not described above

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How much notice would you require prior to taking up the post applied for?

How did you hear of the post?

5. **REFERENCES**

Please give the names and addresses of two referees (*one of whom must be your present or most recent employer. We regret that friends and relatives cannot be accepted as referees*)

Referee 1 - please tick box if you would prefer us not to contact referees before interview

Name Telephone

Address

.....

..... Position or Relationship

Referee 2 - please tick box if you would prefer us not to contact referee before interview

Name Telephone

Address

.....

..... Position or Relationship

In addition, may we approach any of your employers after interview? Yes No

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6. **FURTHER INFORMATION**

Please describe why you are applying for this post. Give details of experience which you feel is relevant to your application

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7. **DECLARATION**

I understand that my appointment will be subject to an interview, a check by the Criminal Records Bureau, satisfactory references and (in certain circumstances) a medical report.

Signed Date

Please return this completed form to:

Leonard Pulham Nursing Home, Tring Road, Halton, Aylesbury, Bucks., HP22 5PN

May 2011

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The Rehabilitation of Offenders Act 1974 (ROA) (Exceptions) Order 1975 and the ROA (Exceptions) (Amendment) Order 1988 require the disclosure of criminal offences, which in other circumstances could be 'spent', where the work in question involves contact with older people. The existence of a criminal record will not automatically debar you from employment with Abbeyfield. Failure to disclose such information can lead to dismissal.

Do you have any criminal convictions, spent or unspent? Yes No

If Yes, please give details

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.....

Signed Date

All employment with the Leonard Pulham Nursing Home is subject to a check by the Criminal Records Bureau.

May 2011

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Email. enquiries@leonardpulham.co.uk
Web. www.leonardpulham.co.uk



FOR OFFICE USE ONLY - PLEASE DO NOT WRITE ON THIS PAGE

Second Interview required	NO	YES
Job Offer to be made	NO	YES
N.V.Q. I, II or III		
Hours and Days of employment offered		
Job Offer sent to applicant	DATE:	
Job Acceptance received	DATE:	
Disclosure Application Letter sent to applicant	DATE:	
Applicant attended L.P.N.H. for completion of C.R.B. form	DATE:	
Disclosure Form sent to C.R.B.	DATE:	
Reference Request No.1 sent	DATE:	
Reference No. 1 received at L.P.N.H.	DATE:	
Reference Request No. 2 sent	DATE:	
Reference No. 2 received at L.P.N.H.	DATE:	
C.R.B. clearance received at L.P.N.H.	DATE:	
Authorised by Manager/Deputy to employ (C.R.B. and references checked)	SIGNATURE:	
	DATE:	
Employment Commenced	DATE:	

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