

APPLICATION FORM FOR EMPLOYMENT



IMPORTANT: Please complete this form in **BLOCK CAPITALS IN BLACK INK**. CVs can be attached, but the application form should still be FULLY completed for all positions. **Leonard Pulham Nursing Home reserves the right not to process incomplete application forms and in this instance the form will be returned to you. Please note that this may delay any job offer that is made.**

POST INFORMATION

Post applied for:	
How did you hear of this vacancy?	

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms)											
Forename(s)	Surname										
Address											
Postcode	Date of Birth										
Telephone no.	Mobile										
Email Address											
National Insurance No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

EMERGENCY CONTACT DETAILS

Title (Mr/Mrs/Miss/Ms)	
Forename(s)	Surname
Relationship	Contact Telephone number

Before any employment is offered, you must be able to provide proof of identity and eligibility to work in the U.K.

<p>Are you legally eligible to work in the U.K.?</p> <p style="text-align: center;">YES / NO</p>	<p>Do you have any restrictions on your eligibility to work in the U.K.?</p> <p style="text-align: center;">YES / NO</p> <p>If yes, please provide details:</p>
<p>Do you possess a current, clean driving licence?</p> <p style="text-align: center;">YES / NO</p>	<p>If no, please give details of any penalty points and reasons, if applicable.</p>

<p><i>Please complete if you are a member of the NMC.</i></p>	<p><i>PIN Code:</i></p> <p><i>Expiry Date:</i></p>
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JOB FLEXIBILITY

<p>Number of working hours required</p>	
<p>Please indicate preferred type of work e.g. Full-time / Part-time / Days / Nights</p>	
<p>Details of any other work, you will continue to undertake if you are offered this job position</p>	
<p>Please give details of any holidays already booked</p>	
<p>Please provide the date that you are available to start work from</p>	

EDUCATION & TRAINING

Please give details of your education and qualifications below. Continue on a separate sheet if necessary.

Secondary Education		From: (mm/yy)	To: (mm/yy)
Name & Address		Subjects & Qualification Obtained	
Further / Higher Education		From: (mm/yy)	To: (mm/yy)
Name & Address		Subjects & Qualification Obtained	
Further / Higher Education		From: (mm/yy)	To: (mm/yy)
Name & Address		Subjects & Qualification Obtained	
Please give information on any work-based training you have attended, which you may feel is relevant to the role you are applying for (continue on a separate sheet if required)			
Date	Course Title	Training Provider	

EMPLOYMENT HISTORY

Please give details of **ALL** employment since leaving education, including any breaks, giving your current or most recent employment **FIRST**. This includes any voluntary work. If insufficient space, please use a further sheet.

Current/most recent employer's name & address	
From:	To:
Position held & main duties	
Reason for leaving	
Salary (£)	Notice Period Required

Please provide details of all other employment, in sequence, with the most recent first.

Previous employer's name & address	Position held	Start	Finish	Reason for leaving

EMPLOYMENT HISTORY (CONT.)

Previous employer's name & address	Position held	Start	Finish	Reason for Leaving

ANY PREVIOUS CONVICTIONS

ANY PREVIOUS CONVICTIONS	If yes, give reasons
Are there any alleged offences outstanding against you?	
Are there any current disciplinary sanctions recorded against you for misconduct?	
Have you ever been suspended in a previous position for misconduct?	
Have you ever been dismissed from a previous position for misconduct?	

REHABILITATION OF OFFENDERS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of sections 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. From July 2002 we are required by The Care Home Regulations 2001 to acquire a Disclosure & Barring Service Certificate in relation to any person who is in the care sector. This means that if your application is successful we will apply to the Disclosure & Barring Service (DBS) for a DBS Certificate relating to you before your appointment is confirmed.

Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the 'Code of Practice for Registered Persons and Other Recipients of Disclosure Information' published by the Disclosure & Barring Service (DBS) on behalf of the Home Office, and we will provide you with a copy of it upon request.

Applicants are therefore not entitled to withhold information about any cautions, warnings, convictions could result in dismissal.

Have you ever received a caution, warning, conviction or reprimand? Yes No

Are you now, or have you ever been on the Safeguarding of Vulnerable Adults (SOVA) or DBS Adults' Barred List either actually or provisionally? Yes No

If you have answered yes to **either** of the questions above, please give details on a separate sheet of any cautions, warnings, reprimands or criminal convictions past and pending prosecutions or any actual or provisional inclusion on the DBS Adults' Barred List.

REFERENCES

Please give FULL and COMPLETE details of two referees; one MUST be your present employer or most recent job. The other should be able to comment on your ability to undertake the position but preferably, should not be from the same company as the first referee. **You should not include family members or friends.**

Referees will ONLY be approached after an offer of employment is made.

Name	Position
Company Address	
Telephone no.	Fax no.
Mobile no.	Email.

Name	Position
Company Address	
Telephone no.	Fax no.
Mobile no.	Email.

DECLARATION

I hereby declare that all the information and particulars given on this application form and any other documents relating to this appointment, is to the best of my knowledge and belief, true and correct. I understand that any false statement may give cause for dismissal should I be employed.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary. I also understand that any offer of employment is conditional on the receipt of satisfactory references to the Home.

I understand that this information will be held in accordance with the Data Protection Act 1998. The information given on this form will be used strictly for selecting candidates for interview and will automatically be destroyed after 12 months if you are not selected for employment.

I understand that the level of disclosure required is 'enhanced' and will include a check to ensure that it is appropriate for me to work with vulnerable adults. The cost will be paid by the Abbeyfield Buckinghamshire Society. However, I understand and accept that if I should leave the Society's employ (for whatever reason) within the first six months of employment then the cost of the check will be deducted from my final salary payment.

I confirm that I am over the age of 18 (please tick this box to confirm you are 18 or over if you are applying for the position of Nurse or Health Care Assistant).

SIGNED: _____

DATE: _____

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

NAME OF APPLICANT:		
DATE OF FIRST INTERVIEW:		
Second Interview required	YES/NO	DATE
Job Offer to be made	YES/NO	POSITION
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. with documents for D.B.S. application	DATE:	
Online application for D.B.S. made	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:	
D.B.S. email received at L.P.N.H.	DATE:	
Original D.B.S. Certificate provided by applicant	DATE:	
Proof of Eligibility to Work in the U.K.	YES / NO	Document Provided:
	DATE:	
Opt out of Working Time Regulations	YES / NO	
Caredocs Entry	DATE:	
Uniform issued	DATE:	
	QUANTITY:	
Locker Key issued	DATE & KEY NO.:	
Pigeon Hole issued	DATE:	
Supervision/Appraisal/Training record folder issued	DATE:	
Authorised by Manager/Deputy to employ (D.B.S., references and proof of eligibility to work checked)	SIGNATURE:	
	DATE:	
Employment Commenced	DATE:	