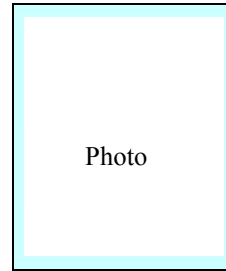




Application Form



HAZELWOOD NURSING HOME IS AN EQUAL OPPORTUNITIES EMPLOYER

Hazelwood Nursing Home seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, gender, sexual orientation, marital status, disability and racial or ethnic origin should play no part in this process.

Thank you for applying for a position at the Hazelwood Nursing Home. Your details will be treated with the strictest confidence. Please type or complete your form legibly in black ink, to allow for photocopying.

If you have a disability or any other special need that means you are unable to complete this form or any other part of the process, please contact us to make alternative arrangements.

Data Protection
 By providing the information contained within this application form, you are consenting to its use for the purpose of processing your application, assessing your performance in the future (should your application be successful) and monitoring the efficiency of our recruitment and other employment procedures. We reserve the right to validate all information entered on this form. If your application is unsuccessful, your details will be retained for six months.

DETAILS OF VACANCY

Position applied for _____ **Date of application** _____

Full Time / Part Time or Bank : _____
 (Specify time available to work) _____

Where did you see the post advertised? _____

PERSONAL DETAILS

Surname:	Forename:
Address:	Work Telephone:
Postcode:	Home Telephone:
Marital Status:	Mobile:
Disabilities(Please specify):	Email Address:
Are you at present a car owner: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth:
Details of any endorsements:	Registered Disabled Number(where relevant):
Do you require a work permit to work in the United Kingdom? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you hold a valid driving Licence: Yes <input type="checkbox"/> No <input type="checkbox"/>
Please enter your National Insurance Number?	
Registered with Independent Safeguarding Authority (ISA) Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes ISA Registration No:
Pin No. (Nursing Staff only):	Expiry Date:

DETAILS OF NEXT OF KIN

Name: _____ Relationship: _____

Address: _____

_____ Post Code: _____

Tel No. Home: _____ Work: _____



CAREER HISTORY

Please list your previous employers **commencing with the most recent**.
 Your previous employer will **not** be approached without your permission.
 Please provide **reasons for any gaps** in employment where relevant.

Job Title:		
Employer's Name:		
Employer's Address:	Employer's Telephone:	
Start Date:	End Date:	Salary:
Brief Outline of Duties And Responsibilities:		
Reason for leaving:		

Job Title:		
Employer's Name:		
Employer's Address:	Employer's Telephone:	
Start Date:	End Date:	Salary:
Brief Outline of Duties And Responsibilities:		
Reason for leaving:		

Job Title:		
Employer's Name:		
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Job Title:		
Employer's Name:		
Employer's Address:	Employer's Telephone:	
Start Date:	End Date:	Salary:
Brief Outline of Duties And Responsibilities:		
Reason for leaving:		



EDUCATION, QUALIFICATIONS & TRAINING

(Please list **most recent** first)

School/College/University/Organisation	Courses attended / Exams taken / Professional Qualifications / NVQs / Training Courses (include grades attained)	Dates attended

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying

Basic First Aid _____ Bereavement Counselling _____
Basic Food Hygiene _____ NVQ Level: _____
Manual Handling _____ other please specify _____
Please **enclose a photocopy** of certificates of above training courses.

ADDITIONAL INFORMATION

Please record any additional information you feel would be useful in support of your application. This will help us to see how you feel your particular skills match up to the requirements of the job. It is therefore important that you tell us as much as possible about yourself in relation to **all the items listed in the job description**

REFERENCES

Please name three referees, at least two of whom should be your present or recent past employer and be in a supervisory / managerial capacity. These referees may be contacted before interview. Please indicate if this is not acceptable.

Name:	Position:
Company:	Telephone:
Address:	

Name:	Position:
Company:	Telephone:
Address:	

Name:	Position:
Company:	Telephone:
Address:	

CONVICTIONS

NOTE: 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 Offender Act, 1974 (Exceptions) Order, 1995. Applicants are not entitled to withhold details of any convictions under this Act, and in the event of Employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Company. Any information given will be treated confidential. A criminal record will not necessarily be a bar to obtaining a position.

Have you been Cautioned or Convicted of any criminal or civil offences which are under the Rehabilitation Of Offenders Act 1974?	Yes	No	(delete as applicable)
If Yes please give further information.			

Are you currently facing any criminal prosecutions, but not convicted?	Yes	No	(delete as applicable)
If Yes please give further information.			

DECLARATION

I understand that the appointment, if offered, will be subject to the information I have given on this application form being correct. I also understand that the appointment may be subject to satisfactory medical examination.

Signed: _____ Date: _____



HEALTH RECORD

Confirmation of appointments is subject to satisfactory medical clearance. Our medical advisors will use information requested below solely in order to assess the medical fitness of candidates to carry out the duties of the position. Confidentiality is guaranteed.

Name:	Post:		
Address:			
Sex: Male / Female	Age:	Weight:	Height:

Family Doctor:	Telephone Number:
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Do you smoke?	Yes / No	If Yes How many per Day?	
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Do you normally enjoy good Health?	Yes / No
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Do you suffer from:	Yes	No
Back pain/slipped disc		
Rheumatism		
Asthma		
Epilepsy		
Angina		
Shortage of breath		
Any allergy		
Any skin disorder		
Diabetes		
Depression or stress		
Pregnant		
Heart conditions		

If yes, Please give details:

Have you suffered from:	Yes	No
Tuberculosis (BCG)		
Hepatitis		
Heart Attack		

Details of any major operations:

Were you immunized against:	yes	No
Tuberculosis (BCG)		
Measles		
German Measles		
Whooping Cough		
Tetanus		
Polio		
Hepatitis		
Anti Flu injection		

DECLARATION

I declare that the information contained in this form is true and complete. I understand that it will be treated as part of any subsequent contract of employment. I understand that if it is then discovered that any statements are false or misleading I will be liable to have my application disqualified or subsequently will be liable to be dismissed from the Hazelwood Nursing Home. I also understand that the appointment may be subject to satisfactory medical examination

Signed	Date
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