



# HAZELWOOD NURSING HOME

Brickfield Farm, Main Road, Longfield, Kent. DA3 7PW

Tel: 01474-573800 Fax: 01474-573801

e-mail: admin@hazelwoodnursing.com

## 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, sex, disability, marriage & civil partnership, gender reassignment, pregnancy & maternity, religion or belief, 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

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Surname:	Forename:
Address:	Work Telephone:
	Home Telephone:
Postcode:	Mobile:
Date of Birth if under 18 years:	Email Address:
Disabilities (Please specify below) to accommodate interview:	
Are you at present a car owner: Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you hold a valid driving Licence: Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of any endorsements:	
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: \_\_\_\_\_

Postcode: \_\_\_\_\_

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



## REFERENCES

Provide 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.

*Please complete the reference section in full including contact number and postcode*

Name:	Position:
Company:	Telephone:
Address:	
Postcode:	

Name:	Position:
Company:	Telephone:
Address:	
Postcode:	

Name:	Position:
Company:	Telephone:
Address:	
Postcode:	

## 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 <b>Cautioned or Convicted</b> 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 <b>currently</b> 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Equal Opportunities Monitoring

For audit on the National Minimum Data Set

**On receipt, this section will be detached from the main body of the application form and will not form any part of the selection process.**

Hazelwood Nursing Hometakes positive steps to ensure that all persons are selected for jobs solely on their suitability. To do this effectively we need specific information from you and ask that you complete this section below. This information is treated confidentially and will not be used for any other purpose. The classifications are those recommended by the Commission for Racial Equality.

**Position applied for:** \_\_\_\_\_

Please tick the appropriate category to indicate your cultural background

- |                         |                          |
|-------------------------|--------------------------|
| Asian or Asian British  | <input type="checkbox"/> |
| Bangladeshi             | <input type="checkbox"/> |
| Indian                  | <input type="checkbox"/> |
| Pakistani               | <input type="checkbox"/> |
| Black or Black British  | <input type="checkbox"/> |
| African                 | <input type="checkbox"/> |
| Caribbean               | <input type="checkbox"/> |
| Chinese                 | <input type="checkbox"/> |
| Mixed                   | <input type="checkbox"/> |
| White & Black Caribbean | <input type="checkbox"/> |
| White & Black African   | <input type="checkbox"/> |
| White & Asian           | <input type="checkbox"/> |
| White                   | <input type="checkbox"/> |
| British                 | <input type="checkbox"/> |
| Irish                   | <input type="checkbox"/> |
| Other ethnic group      |                          |
| Please state _____      |                          |

## Age Monitoring

- |       |                          |
|-------|--------------------------|
| 16-25 | <input type="checkbox"/> |
| 26-35 | <input type="checkbox"/> |
| 36-45 | <input type="checkbox"/> |
| 46-55 | <input type="checkbox"/> |
| 55+   | <input type="checkbox"/> |

## Male / Female Monitoring

- |        |                          |
|--------|--------------------------|
| Female | <input type="checkbox"/> |
| Male   | <input type="checkbox"/> |

## Disability Monitoring

Do you consider yourself to have a disability? Yes / No (delete as applicable)

**Thank you for completing this form and applying for a position at Community Life line.**

**Please provide a full C.V with this application form**  
*Applications will not be accepted without a full C.V*