



CROWN CARE

Position Applied For: _____

Home Name: _____

Application for Employment

Please use capital letters and complete all sections. If you have any difficulty completing this form please ask someone to help you. It may be completed at interview if you prefer. In accordance with the Data Protection Act (1984). You are advised that you have the right of access to information from this application form. The home aims to satisfy the needs of its residents by providing equal opportunities for applicants irrespective of their sex, age, marital status, racial or ethnic origin, physical disability, sexual orientation, religious beliefs or political opinions.

Personal Details

Surname /Family Name: _____ Previous Surname(s): _____

First Name: _____

Address: _____

Post Code: _____ Home Tel: _____

Mobile: _____ Email: _____

QUALIFIED NURSES only

Qualification: _____ Part of the Register: _____

Qualification: _____ Part of the Register: _____

PIN: _____ Expiry Date: _____

Education and Training

Name and address of School attended	Subject taken/qualifications gained	Date From / To

Continue on separate sheet if required

Professional Training

Name and address of College / University attended	Date From / To

Continue on separate sheet if required

Languages

Please list the languages in which you are fluent (include your mother tongue)

Language: _____

Employment History

Present or most recent employer: _____

Address: _____

Position held: _____ From: _____ To: _____

PREVIOUS EMPLOYMENT - In datal order, most recent first.

Employer (Name & Address)	Position held	Date From / To	Reason for leaving

please explain any gaps in employment

Continue on separate sheet if required

Do you have a current driving licence? Yes / No

Have you any endorsements? Yes / No

References

Please provide details of **3 referees** who are not related to you and who we can approach for a confidential assessment of your suitability for this role. One of these must normally be your present or most recent employer.

1. Name: _____ **Position:** _____

Address: _____ **Organisation:** _____

Address: _____ **Telephone No:** _____

May we approach them prior to interview? Yes / No

How long have you known the referee? _____

In what capacity did you know this person? _____

2. Name: _____ **Position:** _____

Address: _____ **Organisation:** _____

Address: _____ **Telephone No:** _____

May we approach them prior to interview? Yes / No

How long have you known the referee? _____

In what capacity did you know this person? _____

3. Name: _____ **Position:** _____

Address: _____ **Organisation:** _____

Address: _____ **Telephone No:** _____

May we approach them prior to interview? Yes / No

How long have you known the referee? _____

In what capacity did you know this person? _____

Disciplinary or Complaints

Have you been involved in any disciplinary action or had any complaints made against you? Yes / No

You will be asked to give further details at interview.

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to the persons in receipt of such services in the course of his/her normal duties.

Do you possess or have you ever possessed a criminal conviction Yes / No

Have you ever been subject to any conditional discharge, bind overs or cautions Yes / No

If YES please give basic details below

N.B. Disclosure will be sought from the Disclosure & Barring Service and if the declaration is found to be false, it could result in the termination of your employment.

Declaration

I confirm that I am over 18 years of age and that I am eligible to work in the United Kingdom.

I confirm that to the best of my knowledge, the information on this completed application form is true and correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal

I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and / or personal information supplied by third parties such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Organisation will retain the form for as long as it is deemed necessary and that they may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signature: _____

Date: _____