

INNISFREE RESIDENTIAL HOME

APPLICATION FOR EMPLOYMENT

STRICTLY CONFIDENTIAL

Please type or complete this form in block capitals & in black ink.

POSITION APPLIED FOR	DATE OF APPLICATION
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PERSONAL DETAILS

SURNAME	FIRST NAMES
ADDRESS	MAIDEN NAME (IF APPLICABLE)
	HOME TELEPHONE NO
POSTCODE	WORK TELEPHONE NO
NATIONAL INSURANCE NO	MOBILE NO

EDUCATION

SCHOOLS ATTENDED	EXAMINATIONS PASSED	YEAR OBTAINED

COLLEGE, UNIVERSITY, FURTHER EDUCATION	DEGREES, AWARDS OR OTHER QUALIFICATIONS	DATE

EMPLOYMENT

DATE		EMPLOYERS NAME (MOST RECENT FIRST)	POSITION HELD	SALARY & BENEFITS	REASON FOR LEAVING
FROM	TO				

AVAILABILITY

Period of notice required		Are you legally eligible for employment in the UK?	Yes/No
Date available for work		Do you require a work permit?	Yes/No

KNOWLEDGE, SKILLS & EXPERIENCE

Please tell us why you would succeed in this position, setting out relevant knowledge, skills & experience you have gained from current/previous employment or voluntary/community work.

You should also provide any other information that may be of interest & relevant to the position. Please also describe your aspirations & ambitions. **Please remember to address the criteria mentioned in the job description & or/ person specification when completing your application.**

(If necessary you should continue on a separate sheet).

REFERENCES

Please give the name & address of two referees, one of whom should be your present employer.		
Name	Status	Address & telephone No
1.		
2.		

OTHER INFORMATION

If you consider yourself as having a disability, is there any support you would require attending for interview? Please specify.	
Are you related to any employee of this organization?	Yes/No
Have you applied for any other post in this organization in the last year?	

ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities & other personal information which you think may assist us in evaluating your application.

REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exemptions Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose? Yes/No

Any information should be on a separate sheet & sent with this application form. This information will be treated as confidential & will not necessarily prelude you from employment. Police checks will be sought if your application is successful.

CRIMINAL RECORDS BUREAU

The appointment of this post is subject to a satisfactory CRB disclosure. Details of which will be given if invited to interview.

HEALTH SCREENING

The appointment of this post at this home is subject to satisfactory health screening. You will therefore be asked to complete a Declaration of Health & may be asked to undertake a medical examination if successful.

I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:..... Date:.....

The form when completed must be returned to:

The Manager.
Innisfree Residential Home.
12-16 Severn Road.
Weston-Super-Mare.
North Somerset.
BS23 1DN
Tel: 01934 621611
Fax: 01934 621611 Email:

CONFIDENTIAL

INNISFREE RESIDENTIAL CARE HOME

EMPLOYERS MEDICAL CHECK QUESTIONNAIRE

Please read carefully before completing. Any false or incorrect information given may render you liable to summary dismissal.

TITLE: _____ SURNAME: _____ FORENAMES: _____

ADDRESS: _____
 _____ POST CODE: _____

TELEPHONE NUMBER: _____

Please answer the following questions by ticking as appropriate. If answer Yes please give details on page 2.

		YES	NO
1	Have you suffered from any serious illness during past ten years?		
2	Have you at any time suffered from or had any symptoms of the following?		
a	Depression, anxiety state, nervous illness, breakdown		
b	General debility arising from overwork or from any other cause		
c	Fainting attacks, fits or any disease of the nervous system		
d	Persistent cough, asthma, pleurisy, bronchitis or any other ailment of the lungs/chest		
e	Rheumatism, arthritis, gout, backache, 'disc' trouble or rheumatic fever		
f	Palpitations, shortness of breath, chest pains, raised blood pressure or other ailments of the heart or circulatory system.		
g	Indigestion, diarrhea, gastric or duodenal ulcer, gallstones or any other ailment of the stomach, intestines or liver.		
h	Any ailment affecting the kidneys or bladder		
I	Diabetes, anemia or any blood or gland condition		
j	Ailments affecting the eyes or ears		
k	Varicose veins, rupture or piles		
l	Skin disorder		
m	Any illness not mentioned above.		
3	Have you seen a Doctor in the past 5 years?		
4	Have you been prescribed any medical treatment or medication in the past five years?		
5	Have you been an in-patient or outpatient in a hospital or clinic in the last five years?		

6. During the last 12 months of employment how many days were you absent from work due to sickness?

_____ Days/week Reason for absence:_____

7. During the last eight weeks of your previous employment how many days were you absent from work due to sickness?

_____ Days/weeks Reason for absence:_____

8. Do you receive any industrial disablement benefit? Yes / No

If yes please give details:_____

9. During the next 12 months do you expect to ask for leave on medical grounds? Yes / No

If yes please give details:_____

10. Name & Address of your General Practitioner:_____

11. INOCULATIONS

Have you ever been inoculated against the following?	Yes	No	Date
i) Hepatitis B			
ii) Tuberculosis (BCG)			
iii) German measles (Rubella)			
iv) Tetanus			

11.a) Please specify any other:_____

12. Have you ever undergone test for H.I.V? Yes / No Result:_____

Question No	Details of questions above answered with a "YES"

DECLARATION

Please read carefully before signing.

1. I declare the answers overleaf to be true & correct in every aspect.
2. I understand & accept that if any of the information given by me in this questionnaire is incorrect or untrue, that the company has the right to terminate my employment summarily.
3. Although I understand that I have the right to refuse, I hereby give my permission for the company to approach my own medical practitioner for further & better particulars of my medical history/records should the company so decide & for the submission of these facts/medical reports to the company.
4. I understand that should the above prove necessary, I have the following rights:

a) To have access to the report prior to it being supplied to the company.

(I understand that I may be charged if I request a copy).

I do / do not wish to exercise this right (please delete as appropriate).

I understand that if I choose not to exercise this right, I have the right to have access to my report at any time over the next six months following its issue.

b) If I exercise my rights under 4a) above & do not respond to my Doctor within 21 days of the application the report will be given to the company.

c) That within the 21 days of referred to in 4b) I may request my Doctor in writing to amend any part of the report which I consider to be misleading or incorrect & if the Doctor is not prepared to do so, that a statement of my views is attached to the report prior to it be sent to the company.

5. I am prepared to undergo a full medical examination at the company's request if this required.

Signed: _____ Print Name: _____ Date: _____