**Lister & Sherrington House Nursing Homes, 13 Heaton Road, Bradford. BD8 8RA**

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| Please complete this application form as fully as possible in black ink and in capitals, guidance notes are attached for your use. Following completion of the application form the declaration below **must** be signed and dated. **Declaration** * I declare that the information I have provided within this application form is true to the best of my knowledge and belief.
* I understand that any wilful mis-statement or omission renders me liable to dismissal if engaged.
* I understand that by signing this application form I give consent for the storage and processing of all my personal data under current GDPR regulations
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| Applicants Signature | Date |

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| **1. Personal Details** |
| Title (Mr/Mrs etc) | First Names(s) | Last Name |
| Position Applied for | Date of Birth  | Age |
| National Insurance Number | What is your country of birth? |
| Full Address  | E-mail Address |
| Home Telephone Number.  | Mobile Telephone Number  |
| How long have you lived at this address? | Passport Number: |
| If you have lived at your address for less than 3 years please give your previous address  |
| Previous Address | Previous Postcode |
| Do you consider yourself to be disabled under the Disability Discrimination Act 1995?Yes [ ]  No [ ]  | If YES, please give details |
| Do you require a permit to work in the UK?Yes [ ]  No [ ]  | If you currently hold a work permit what is its expiry date? |
| Do you have a working visa in your passport?Yes [ ]  No [ ]  | Are you able to produce your passport?Yes [ ]  No [ ]  |

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| **2. Education and Qualifications** |  |
| Please state all secondary school and further education qualifications including professional/ technical qualification. |
| School/ College/University/ Professional Body etc (most recent first)  | From | To | Qualifications obtained/ Examinations pending | Grade/ Level |
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| **R.G.N.’s ONLY** |
| Are you a member of any professional bodies?Yes [ ]  No [ ]  | If YES please state names of professional bodies |
| Please state level of membership | Pin Numbers and Renewal Dates |

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| Please detail any courses attended e.g.in-house or external management, technical, professional etc. please also include any non-academic courses, through voluntary/ community work if you feel it related to the job description. |
| Course/ subject Title | Organised by | Date(s) |
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| **3. Additional Information** |
| Please detail here your specific reasons for this application and the strengths you would bring to this post. |
| Please state your main achievement to date  |
| Please note here your leisure interests, sports, hobbies, or other pastime, etc. |

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| **4. Employment History** |  |
| Are you currently employed?Yes [ ]  No [ ]  | If YES, what notice period is required by your current employer? |
| Please give details of your full employment history from when you left secondary school.Please ensure that you include manager’s name and full address of the employer.Start with the most recent employer first. |
| FROM | TO | EMPLOYERS NAME & ADDRESS (give nature of business if not nursing home) | POSITION HELD | REASON FOR LEAVING |
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| Description of duties for current or most recent employment |
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| **Other Employment** |
| Please note any employment you would continue with if you were to be successful in obtaining this position. |

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| **5. References** |  |
| Please provide the names and addresses of three referees, including telephone numbers if possible, who can be expected to provide relevant comment on your ability to carry out the job applied for. At least one should be your employer (school or college, if a student) or your most recent employer. References will be taken up prior to interview for short-listed candidates only. |
| **Referee 1 (most recent employer)** |
| Name | Professional Capacity Known | Length of time known |
| Address | Email Address |
| Work Telephone Number |
| **Referee 2** |
| Name | Professional Capacity Known | Length of time known |
| Address | Email Address |
| Work Telephone Number |
| **Referee 3** |
| Name | Professional Capacity Known | Length of time known |
| Address | Email Address |
| Work Telephone Number |

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| **6. Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)** |
| Because the nature of the work for which you have applied involves direct contact with people who are receiving a care service, we are obliged to ask you, in connection with this application, to disclose any convictions you may have.***Under the conditions of the above Order, you are not entitled to withhold information about convictions, which otherwise might be considered “spent”.***In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be treated as strictly confidential and will only be used in relation to an application for positions to which the Exceptions Order applies.THIS ALSO MUST INCLUDE MOTORING OFFENCES |
| Do you have anything to disclose?Yes [ ]  No [ ]  |
| If YES, please list details (e.g. date, type of offence/ sentence/ fine imposed etc.) |
| In addition **you are required** to submit to a Criminal Records Bureau check or subscribe to the update service. Any disclosures made by the C.R.B. will remain strictly confidential. The cost of this will be deducted from your wage. |
| Applicants Signature | Date |
| **Special Requirements**Because this position involves the care of vulnerable adults employment is dependent on the following:1. Your written consent to obtaining a enhanced certificate from the Criminal Records Bureau, an approved umbrella body or an update from the Criminal Records Bureau Update Service.
2. Such disclose being acceptable to the Nursing Home.
3. Proof of identity – birth or marriage certificate and passport and driving license
4. Satisfactory written references.
5. Evidence of physical or mental suitability for your work.
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| **7. Health Details** |
| If the answer is yes to any of the questions in this section, please give full details in the space provided. Of the dates, duration and outcome of the illness or condition plus a note of any immunisations. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports. |
| **Have you ever had?** | **\*delete as** **applicable** | **Additional info to “Yes” response, plus any immunisation details.** |
| Hepatitis? | \*yes/ no |  |
| Allergies? | \*yes/ no |  |
| Tuberculosis, asthma, bronchitis or chest problems? | \*yes/ no |  |
| Chest pain, heart condition or raised blood pressure? | \*yes/ no |  |
| Blackouts, fits or attacks of giddiness? | \*yes/ no |  |
| Depression, mental illness or nervous breakdown? | \*yes/ no |  |
| Rheumatism or arthritis? | \*yes/ no |  |
| Back trouble? | \*yes/ no |  |
| Typhoid, paratyphoid or other gland trouble? | \*yes/ no |  |
| Digestive or bowel disease? | \*yes/ no |  |
| Diabetes? | \*yes/ no |  |
| Bladder or kidney trouble? | \*yes/ no |  |
| Dermatitis or skin trouble? | \*yes/ no |  |
| Varicose veins? | \*yes/ no |  |
| Any other accident, operation or illness? | \*yes/ no |  |
| Have you any reason to believe you may be infected with any communicable disease? | \*yes/ no |  |
| Any other current or recent medical condition or treatment which might affect your attendance or performance at work? | \*yes/ no |  |
| Do you intend to work night duties on a regular basis? | \*yes/ no |  |
| Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the last year? | \*yes/ no |  |
| Any physical impairments, including defect of sight or hearing?  | \*yes/ no |  |
| Do you smoke? | \*yes/ no |  |
| How many units of alcohol do you drink per week?(1 unit= ½ pint beer or 1 glass wine or 1 single whisky) |  |

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| **8. Equal Opportunities Monitoring** |  |
| Lister House Nursing Home is committed to a policy of equal opportunity in its employment and personnel practices. The aim of the policy is to eliminate unlawful and unfair discrimination on any grounds including sex, marital status, responsibilities for dependants, disability – both mental and physical, sexual orientation, race, colour, ethnicity, nationality, religion, politics, social background, part time employment or age.Please help us to check that we follow this policy by completing the following questions. |
| Are you: Male [ ]  or Female [ ]  | Nationality |
| Ethnic Origin (please tick one appropriate box)A. WHITE British [ ]  Irish [ ]   Any other White background [ ]  *Please give details*B. MIXED White & Black Caribbean [ ]  White & Asian [ ]  White & Black African [ ]   Any other Mixed background [ ]  *Please give details* C. ASIAN OR ASIAN BRITISH Indian [ ]  Pakistani [ ]  Bangladeshi [ ]   Any other Asian background [ ]  *Please give details*D. BLACK OR BLACK BRITISH Caribbean [ ]  African [ ]   Any other Black background [ ]  *Please give details* E. CHINESE OR OTHER ETHNIC GROUP Chinese [ ]   Any other Ethnic Group [ ]  *Please give details* |