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BRANDON HOUSE NURSING HOME FORM No : 01 - 1 - 05

JOB APPLICATION

Updated May 2016

POSITION APPLIED FOR:	Job Reference:	
Please complete this Application Form in block ca	ipitals in black or blue ink	
A: PERSONAL DETAILS		
Title (Mr/Mrs/Miss/Ms/other): Forename(s):		
Surname:		
Address:		
Address:	Postcode:	
Telephone Contact Details Home: _		
Email: Mobile:		
Date of Birth: Nationality:		
Pin No (Nurses only):		
B: HEALTH		
Are you prepared to undergo a medical examination? YES / N	0	
C: DRIVING RECORD (If applicable to job)		
Are you a car owner? YES / NO		
Current Driving Licence: PROVISIONAL / FULL / PSV / NONE		
Driving Licence valid from: to:		
Do you have any Endorsements on your Licence? YES / NO		
Details of current endorsements :		
Have you ever been disqualified from driving, or had insurance refused? YES / NO		
If "YES" please provide brief details:		

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D: EDUCATION & PROFESSIONAL TRAINING (from year 11)					
Education Centre (school, college etc)	DATES M/Y		DATES M/Y		Qualifications gained
	from	to			
1. Secondary Education (secondary school)					
2. Higher Education (university / college / polyte	echnic)	-			
3. Further Education (Professional Training)	•				
4. Membership of Professional Organisation / T	⊺rade Un	iion			
E: LEISURE ACTIVITIES					
Please provide brief details of your hobbies, spo	ort and o	ther leis	ure pastimes in which you participate:		
Languages (other than English) :		SPOK	EN / FLUENT / WRITTEN / READ		
:		SPOK	EN / FLUENT / WRITTEN / READ		
F: CRIMINAL RECORD CERTIFICATES					
If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are entitled to ask Exempted Questions as					
defined by Section 113(5) of the Police Act 1997 about you. From July 2002 we are required by The Care Home Regulations 2001 to acquire a Criminal Record Certificate in relation to any person who is a Care					
Manager or Care Worker. This means that if your application is successful we will obtain from the Criminal Records Bureau a Criminal Record Certificate relating to you before your appointment is confirmed.					
Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature					
of the position and the circumstances and background of your offences. We observe the "Code of Practice for Registered Persons and Other Recipients of Disclosure Information" published by the Criminal Records					
Bureau on behalf of the Home Office, and we w					

Signature: _____

_ Date: ____

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$\begin{array}{c} \textbf{BRANDON HOUSE NURSING HOME} \\ \textbf{FORM No: 01-1-05} \end{array}$

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	G: EMPLOYMENT HISTORY (at least 10 years)				
Please provide details of your entire employment history, beginning with your present or most recent job first. Dates in Month/Year to be specific. Continue writing on the back of this page if you run out of space.					
DATES N	ΙΜ/ΥΥΥΥ	Employer	Salary	Position(s) Held	Reason for
from	to				leaving
Please pro	vide informa	H: GAPS IN ntion regarding any gaps in		MENT nent i.e. sickness ,maternity, study,	travel.
DATES N	ΙΜ/ΥΥΥΥ	Reason Give Details		Give Details	
from	to				
I: JOB FLE	XIBILITY				
		-TIME / PART-TIME / SHIF	-TS		
If PART-TIME please indicate preferred hours:					
Details of any other work which you will continue to undertake if you are offered this Job Position:					
Please provide details of any outstanding holidays to be taken:					
AVAILABLE TO TAKE UP EMPLOYMENT FROM:					

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J: REFERENCES		
Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and <u>one must be your present or most recent employer:</u>		
1.	Name:	
	Address:	
	Telephone Number/Email:	
	Occupation:	
2.	Name:	
	Address:	
	Telephone Number/Email:	
	Occupation:	
	K: Declaration by Job Applicant	
ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED		
I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.		
I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.		
Signature: Date:		
(BRA	ANDON HOUSE Nursing Home) HOME IS AN EQUAL OPPORTUNITIES EMPLOYER	
The sole c	riterion for selection of applicants will be suitability for the Job Position, regardless of gender,	

background, culture, ethnic denomination, religious affiliation, marital status or disability.