



APPLICATION FORM

Position applied for: _____

Name & Location of Care Home _____

Available to take up employment from: _____

Prepared to work *Full time Part time Bank

*Please tick as appropriate

Personal Details

Surname: _____ Forename (s) _____

Address: _____

_____ Postcode _____

Home Tel No: _____

Mobile Tel No: _____

Do you: Own a car? *Yes / No

Hold a current driving licence? *Yes / No *Provisional / Full

Have any current endorsements? *Yes / No (please give details)

Are you in good health? *Yes / No

Are there any disabilities which may affect your application? *Yes / No

If YES describe disabilities and:

- a) Any reasonable adjustments which you feel could be made to the recruitment process to assist you in your application for the job.

- b) Any reasonable adjustments which you feel could be made to the job itself which would enable you to carry out the job.

***Please delete as applicable**

EDUCATION

Name of Establishment	Qualifications achieved	Dates

Additional vocational Qualifications:

Hospital Training or courses taken:

PIN No. (if applicable): _____

Employment History

Date From:	Date To:	Company & address	Position held & Reason for leaving	Salary

Time Unaccounted For

Please give details of any time not already accounted for in Employment History (including unemployment)

Membership of professional organisations:

Public duties:

Community/voluntary experience:

General

<p>Interests/ Hobbies:</p> <p>Offices held in social/sports clubs, etc.</p>
<p>As United Health meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment will be subject to a criminal record check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.</p> <p>Have you ever been convicted of a criminal offence? If yes please detail below.</p> <p>Have you had a Criminal Records Bureau check undertaken within the last 12 months? If yes please give date.</p>
<p>If offered this position would you work in any other capacity? (Give details)</p>
<p>Are you related to anyone who is an employee of United Health LTD? If yes please give details below</p>
<p>How did you hear about the vacancy</p>

Please detail below any relevant information in support of your application:

A large, empty rectangular box with a thin black border, intended for providing detailed information in support of an application.

References (not members of your family)

Please give details of two references one of whom should be your present or most recent employer

<u>Present or most recent employer.</u>
Name: _____
Address: _____ _____ _____ _____
Post Code _____
Tel No: _____
Fax No _____
Occupation: _____
Length of time known _____

<u>This referee should preferably be a previous employer</u>
Name: _____
Address: _____ _____ _____ _____
Post Code _____
Tel No: _____
Fax No _____
Occupation: _____
Length of time known _____

IF DEEMED NECESSARY ALL EMPLOYERS MAY BE CONTACTED FOR REFERENCES

NOTE: REFERENCES MAY BE REQUESTED PRIOR TO INTERVIEW. IF YOU DO NOT WISH YOUR MOST RECENT EMPLOYER TO BE CONTACTED PRIOR TO INTERVIEW PLEASE GIVE REASONS BELOW.

Additional personal details:

Applicants are requested to **complete** the details below to enable the company to monitor its equal opportunities policy. Monitoring is recommended to prevent discrimination of any type. The information is used for no other purpose and will remain confidential.

Male Female

Date of birth: _____

Ethnic Groups:

White Black-Caribbean Black other

Indian Pakistani Bangladeshi Chinese Other

National Insurance Number:.....

Recruitment Policy

It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, age, marital status or disability

I authorise the company to obtain references to support this application and release the company and referees from any liabilities caused by the giving and or of information.

DECLARATION:

I confirm that the information given on this form is, to the best of my knowledge true and complete. Any false statement may be sufficient cause for rejection or if employed dismissal.

Signature _____ **Date** _____