

Magnolia House Residential Care Home



Haigh
Healthcare LLP



You **must complete all parts** of the Application Form.

A copy of your CV is: Essential Preferred Not required

Please write or type your application form in **black ink**. Read the application form before attempting to complete it.

| Personal Details | | Mr / Miss / Mrs / Ms | | | Please complete all sections | | |
|---|--|---|----------|--------|------------------------------|--|--|
| Surname: | | Contact tel: | Home | Mobile | | | |
| First Names: | | | | | | | |
| Address: | | Previous * address: (If current address less than 5 years) | | | | | |
| Postcode: | | Email: | | | | | |
| Length of time at address: | | National Insurance No. | | | | | |
| Date of Birth: | | Drivers Licence | Yes / No | | | | |
| Give details of Work Permits, VISAs, Leave to Remain etc that allow you to work legally in the UK – include expiry dates (if applicable). | | | | | | | |

*Please continue on a separate sheet if necessary

| The Job you are applying for: | Please complete all sections | | |
|-------------------------------|--|---|--|
| Position: | How did you hear about the vacancy? (Please circle) | Advert Job Centre Website Friend | Leaflet Banner Poster in local area (give full name) |

| Education & Training | | | Please complete all sections | | |
|---|------|----|---|--------|------|
| School Attended | From | To | Exams passed - Subject | Grades | Year |
| | | | | | |
| | | | | | |
| University/College | From | To | Exams passed - Subject | Grades | Year |
| | | | | | |
| Qualifications relevant to job applied for: | | | Member of Professional Body, <u>PIN number & Expiry date</u> , Certificates obtained: | | |
| | | | | | |

| Employment History (*Full history must be provided) | | | Please complete all sections | | |
|---|-------------|-----------|----------------------------------|---------------------------|---------------------------|
| Current or Most Recent | From | To | Position/Responsibilities | Notice Period | Reason for Leaving |
| Name: Address: Salary/Wage: | | | | | |
| Previous Employer: | From | To | Position/Responsibilities | Reason for Leaving | |
| Name: Address: | | | | | |
| Previous Employer: | From | To | Position/Responsibilities | Reason for Leaving | |
| Name: Address: | | | | | |

(*Please attach extra sheets if you require more space or use the Additional Information page at the back)

| About You | |
|---|--|
| Why are you applying for this job? | |
| What skills and special experience do you have that will help with this position? | |
| What will our clients like about you? | |

| References * | Current/Most Recent Employer | Previous Employer | Personal Reference |
|--------------|------------------------------|-------------------|--------------------|
| Company | | | |
| Name | | | |
| Position | | | |
| Address | | | |
| Postcode | | | |
| Telephone | | | |
| Fax | | | |
| Email | | | |

Please do not contact until confirmed:

*Please provide names and addresses of 3 referees, one of whom should be **your current or most recent employer** and one other **previous employer**. The other should be a **personal referee**, someone who knows you well. Please **do not give the name of a relative** as a referee. If you were known to your referee by a former name please supply the name by which you were known

| Further Information | | Please complete all sections | |
|---|---------------------|------------------------------|--|
| Are you facing any criminal prosecutions? | Yes – give details | No | |
| Do you have any spent/unspent convictions or cautions under The Rehabilitation of Offenders Act 1974? | Yes – give details | No | |
| Have you been dismissed from any employment? | Yes – give details | No | |
| Have you ever been or are you currently going through any investigation or disciplinary action? | Yes – give details | No | |
| What period of sickness and/or unauthorised absence have you had in the last two years? | Please give details | | |

In the event of a position being offered, a CRB Disclosure at Enhanced Level will be requested.

| Medical Questions | | | | Please complete all sections | | | | |
|--|-----|----|---------------------------|------------------------------|----|----------------------|-----|----|
| Do/have you suffered: | YES | NO | | YES | NO | | YES | NO |
| Heart Trouble | | | Lung Trouble | | | Stomach Trouble | | |
| Eye Trouble | | | Ear Trouble | | | Back Trouble | | |
| Nerve Trouble | | | Diabetes | | | High Blood Pressure | | |
| Asthma | | | Cough (frequent) | | | Rheumatic fever | | |
| Arthritis | | | Epilepsy / fits | | | Shortness of breath | | |
| Skin rashes / eczema | | | Anaemia | | | Headaches (frequent) | | |
| Fainting or dizziness | | | Hay fever | | | Jaundice | | |
| Swelling of legs / ankles | | | Period/prostrate problem | | | Varicose veins | | |
| Head injuries | | | Do you take medicine? | | | Any other ailments? | | |
| If you have answered Yes to any category above please give details: | | | | | | | | |
| Are you currently in good health? | | | No – please give details | | | | Yes | |
| Do you have a physical, mental or health related impairment that has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities? | | | Yes – please give details | | | | No | |
| Can we make any reasonable adjustments to avoid you being at a disadvantage in the work place? | | | Yes – please give details | | | | No | |
| Have any health-related reasons in the last two years kept you away from work or prevented you from seeking work? | | | Yes – please give details | | | | No | |
| Have you ever been dismissed from employment because of health-related reasons? | | | Yes – please give details | | | | No | |

Additional Information

| |
|--|
| |
|--|

Declaration

I confirm that the information provided on this application form is true and complete, and that I am legally entitled to work in the UK.

I understand that any false statements or deliberate misrepresentations will be regarded as grounds for disciplinary action and/or termination of my employment.

I understand that any offer of employment is subject to satisfactory references and CRB/POVA checks, and I authorise Wright Care Home Solutions to obtain references to support this application once an offer has been made and accepted

I understand that any information given in relation to my application will be held by the Company and falls within the provisions of the Data Protection Act 1998. I also give my consent for my personal information being retained and used to process my application for employment.

| | | |
|-------------------|--|-------------|
| Signed | | Date |
| Print name | | |

Please return your application form to:

Magnolia House Residential Care Home
 Chesterfield Road North
 Pleasley
 Mansfield
 NG19 7RA

For Office Use only:

| | | | |
|---|-------------------------|--------------------------------------|--|
| Date Sent | | Date Received | |
| 1st Screening | Proceed / Reject | Comments | |
| 1st Interview booked on | | 1st Interview date | |
| 2nd interview booked on | | 2nd interview date | |
| Outcome | Proceed / Reject | Comments | |

Equal Opportunities

Haigh Healthcare has an Equal Opportunities Policy, which aims to eliminate discrimination in employment. Staffs are selected on merit only; therefore all applicants will be afforded equal opportunities in employment irrespective of age, disability, gender, marital status, race, religion, creed, sexual orientation or colour. To ensure this policy works we are required to monitor applicant's details. Please be assured that the information you provide is used for monitoring purposes only and will not be forwarded to a third party without your consent.

| Age and gender | |
|----------------|------------|
| Date of birth | |
| Gender | M F |

| Ethnic origin (classification recommended by the Commission for Racial Equality) | Please Tick appropriate category |
|--|----------------------------------|
| White British | |
| White Irish | |
| White Other (please specify) | |
| Mixed White and Black Caribbean | |
| Mixed White and Black African | |
| Mixed White and Asian | |
| Mixed other (please specify) | |
| Asian/Asian British Indian | |
| Asian/Asian British Pakistani | |
| Asian/Asian British Bangladeshi | |
| Asian/Asian British other (please specify) | |
| Black/Black British Caribbean | |
| Black/Black British African | |
| Black/Black British other (please specify) | |
| Chinese | |
| Other ethnic group (please specify) | |

| Disability | Please complete as appropriate | |
|--|--------------------------------|----|
| Do you consider yourself to have a disability | Yes | No |
| If yes – please give details of how your disability might affect you during the recruitment process and/or in the workplace: | | |
| Please give details of how we might be able to help you: | | |

