

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

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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:		

