**BRYHER COURT NURSING HOME JOB APPLICATION FORM**

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| **Position Details** |
| Position applied for  |  |
| Date available to start |  |
| Availability | full time | part time | shifts |

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| **Personal Details** |
| Full Name :  |  |  |  |
| Address |  |
| Home Tel:  |  | Mobile Tel: |  |
| Email: |  | NI No |  |

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| **Qualified Nursing Staff only** |
| Pin No:  |  |
| Have you ever had your registration to the NMC cancelled? | YES | NO |
| If yes, please state why: |
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| **Care Profession** |
| Have you ever been refused a job in the caring profession before? | YES | NO |
| If yes, please state why: |
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| **REHABILITATION OF OFFENDERS ACT 1974**This post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (exemptions) Order 1975. Applicants are not entitled to withhold information when asked about convictions which for other purposes are ‘spent’ under the provision of the Act. |
| Do you have any criminal convictions/cautions/reprimands? | YES | NO |
| If yes, please state why: |
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| **Education & Training**Please specify schools, colleges, courses attended, qualifications or certificates: |
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| **Employment History**Previous employment/education - please include any gaps in employment history and reasons why since leaving school. Please use continuation sheet if required… |
| Company Name |  | Start date |  |
| Address |  | Leave date |  |
| Postcode |  |
| Telephone No |  |
| Job Title & Duties |  |
| Reasons for leaving: |  |

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| **Employment History** |
| Company Name |  | Start date |  |
| Address |  | Leave date |  |
| Postcode |  |
| Telephone No |  |
| Job Title & Duties |  |
| Reasons for leaving: |  |

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| **Employment History** |
| Company Name |  | Start date |  |
| Address |  | Leave date |  |
| Postcode |  |
| Telephone No |  |
| Job Title & Duties |  |
| Reasons for leaving: |  |

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| --- |
| **Employment History** |
| Company Name |  | Start date |  |
| Address |  | Leave date |  |
| Postcode |  |
| Telephone No |  |
| Job Title & Duties |  |
| Reasons for leaving: |  |

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| **Employment History** |
| Company Name |  | Start date |  |
| Address |  | Leave date |  |
| Postcode |  |
| Telephone No |  |
| Job Title & Duties |  |
| Reasons for leaving: |  |

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| **Reference One**Two required - one should be a present or previous employer |
| Full Name |  | Position |  |
| Address |  |
| Email  |  | Telephone No: |  |
| **References Two** |
| Full Name |  | Position |  |
| Address |  |
| Email  |  | Telephone No: |  |

**DATA PROTECTION ACT 1984**

Disclosure and Barring Service (DBS) & Protection of Vulnerable Adults (POVA) checks will be undertaken for all new prospective employees.

You are obliged to comply with Section 21 Data Protection Act 1984 in relation to police checks. Subject to certain exemptions you have the right to be told whether any information is held against you on computer systems and a right to a copy of that information.

**DECLARATION**

**I confirm that the above information is correct. I understand that any inaccurate or misleading statements will cause the application to be rejected and if employed, will lead to immediate dismissal.**

**I am not aware of any medical condition, which would cause my application to be unacceptable. I am prepared to undergo a medical examination and test if required to do so.**

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| --- | --- | --- | --- |
| Name |  |  |  |
| Signed |  | Date |  |

**WHAT IS YOUR ETHNIC GROUP**

CHOOSE **ONE** SECTION FROM A TO E, THEN TICK **ONE** BOX TO BEST DESCRIBE YOUR ETHNIC GROUP OR BACKGROUND.

1. **White**

|  |
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English/Welsh/Scottish/Northern Irish/British

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Irish

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Any other, please write:

1. **Mixed/multiple ethnic groups**

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White & Black Caribbean

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White & Black African

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White & Asian

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Any other, please write:

1. **Asian/Asian British**

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Indian

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Pakistani

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Bangladeshi

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Chinese

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Any other, please write:

1. **Black/African/Caribbean/Black British**

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British

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|  |

African

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Caribbean

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Any other, please write

1. **Other ethnic groups**

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|  |

Please write: