

Exmouth Care Ltd
Trading as
Amberwood & Linksway Nursing Homes

17 Douglas Avenue, Exmouth, EX8 2EY
Tel: 01395 273677 Email: amberwood1@btconnect.com

JOB APPLIED FOR: _____

Please complete this form in type or black pen as it will be photocopied.

Please return completed form to: Sally Moyse
Linksway Nursing Home
17 Douglas Avenue
Exmouth
EX8 2EY

PERSONAL DETAILS

Title _____ Surname _____

Forenames _____ Are you over 18? **YES/NO**

Address _____

_____ Postcode _____

Home Telephone No: _____ Work No: _____ Can we ring you at work? **YES/NO**

National Insurance Number: _____ Do you require a work permit? **YES/NO**

Do you consider yourself to be disabled? **YES/NO**

Do you know or are you related to anyone employed by this organisation? **YES/NO**

Please give details: _____

When would you be free to start if offered employment?

EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications obtained:

Schools/Colleges etc	From Month/Year	To Month/Year	Examinations passed/Qualifications obtained	
Further Education and Training. Name of University/college or Organisation	From Month/Year	To Month/Year	Part-time Or Full-time	Course title or subject studied
Details of work related qualifications/courses attended: 				

PRESENT EMPLOYMENT
(Or if unemployed details of last employment)

From month/Year	To Month/Year	Position/Job title
Name and Address		Please give a brief description of the job and your responsibilities
Present Salary		Please give your reason(s) for seeking new employment

SUPPORTING INFORMATION

What qualities do you feel you have which will compliment this position?

RELEVANT EXPERIENCE

Using the job description provided, please give relevant details of aspects of your achievements, education, experience and training gained, either at work or otherwise, which you consider will enable you to do this job. Please continue on a separate page if required.

We will be approaching previous employers for references of any care jobs you will have had in the past ten years as well as your present employer.

MONITORING INFORMATION

Exmouth Care Ltd is committed to the principle of equal opportunities in employment whether by sex, marital status, dependents, ethnic origin, disability or age.

You are asked to complete this section along with your application for employment. Its purpose is to enable the Company to monitor the effectiveness of our Equal Opportunities Policy. Please tick or complete the appropriate answer below.

This section will not be used as part of the selection process and is for monitoring purposes only. Thankyou.

Please tick the appropriate sections:

1. SEX

Male
Female

2. MARITAL STATUS

Single
Married
Other

3. AGE GROUP

16-24
25-35
35-44
45-55
55+

4. ETHNIC ORIGIN (Please tick as appropriate, both parts A and B)

A

Asian
Caribbean
African
South East Asian
British/European
Irish
Other (Please specify)

B

Black
White
Other
Mixed

5. DISABILITY

I am a disabled person
I am a disabled person, but not registered
I am not disabled

6. How did you find out about the post?

National Press* Other Press* Job Centre
Local Press* Internal

*Please specify _____

Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, 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) (Exceptions) Order 1975.

Applicants are therefore not entitled to withhold information about convictions or Police cautions which for other purpose are "spent" under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

Any information given will be completely confidential and will only be considered in relation to any application for positions to which the Order applies.

Have you ever been convicted of a criminal Offence? **YES/NO**

If the answer immediately above is **YES**, please set out the full details of the conviction(s)/caution(s) including date(s) below and sign this sheet. In any case, this section **must** be completed.

Successful candidates will be asked to apply for enhanced disclosure from the Criminal Records Bureau.

Further information about the Disclosure service can be found at www.disclosure.gov.uk or by contacting the CRB information line on 0870 90 90 811.

POILICY STATEMENT

If I am employed by Exmouth Care Ltd prior to the return of my disclosure, I accept the following:

That my probationary period has been initiated on the basis that my Criminal Record Disclosure will contain no additional information to that shown above.

In the event that other information is provided (including any that may not be disclosed the applicant) then I understand that my employment may be terminated. I understand that this will be classed as gross misconduct and that; subject to the company's disciplinary procedure may render me liable to summary dismissal. There is a possibility that no notice period will be given or paid.

SIGNED:

PRINT NAME: DATE:

CONFIDENTIAL

HEALTH QUESTIONNAIRE

Is there anything concerning your medical history that is relevant to this application?

- 1. Have you had and MAJOR illness/injury? YES/NO**

Major illness includes any condition:

Requiring referral to medical consultant: requiring surgery necessitating absence from work (inability to continue normal routines) for more than two weeks; or other conditions such as epilepsy, diabetes etc.

- 2. Are you currently receiving or have received in the last 12 months treatment or medication from a doctor/other medical practitioner other than for colds or contraception? YES/NO**
- 3. Are you currently awaiting a hospital appointment for investigation or treatment? YES/NO**
- 4. Have you ever been retired from work on health grounds? YES/NO**
- 5. Are there any other aspects of your health which may affect your ability to do the job which you have applied for? YES/NO**
- 6. How many days illness have you had in the last two years?**
- 7. How many sickness days have you had during the last year?**
- 8. If you have had an absence of more than one month for health reasons or an operation in the last 5 years, please indicate nature of illness/operation.**
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- 9. Do you wear contact lenses? YES/NO**
- 10. Is the sight in each eye good for all usual activities? YES/NO**
- 11. Is your hearing in each ear good enough for all normal purposes including the telephone? YES/NO**

12. Have you ever had any of the following:

	YES	NO	DETAILS
Fainting attacks/giddiness			
Recurrent headaches migraines			
Blackouts/epilepsy/fits			
Heart trouble/angina/breathlessness			
TB			
Sinusitis			
Bronchitis/asthma/hay fever/skin allergies			
Raised blood pressure			
Hernia			
Jaundice/liver disease/Hepatitis			
Kidney/bladder or bowel disease			
Diabetes			
Anaemia			
Repetitive Strain Injury (RSI)			
Nervous disorder or breakdown			
Rheumatism/arthritis/back/neck problems			
Recurrent foot problems			

13. Have you ever been immunized against:

Hepatitis B YES/NO
Tetanus YES/NO
TB YES/NO
Rubella YES/NO

14. Have you been abroad in the last two years? YES/NO

15. Should it be necessary, will you agree to provide such specimens that may be required to your G.P to ensure that you are not a carrier of any organism which may affect food? YES/NO

To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable for dismissal.

I consent under the Data Protection Legislation to the Company processing the information I have provided on this questionnaire for the purpose of assessing my health and suitability for employment. I understand and agree that the information will be retained for as long as the company deems necessary and that the information may be passed to a third party such as a Medical Assessor for comments.

Signed **Dated**

Name (Block Capitals).....