

# APPLICATION FOR EMPLOYMENT FORM

12-14 Langley Avenue, Surbiton, Surrey, KT6 6QL  
Tel: 020 83903366 Email hr@lrh-homes.com

## GENERAL INFORMATION

What Vacancy are you applying for?	Please attach Photograph here
Which Home is the Vacancy for?	
How did you hear of this vacancy?	
Date Available	
Salary Expected	

## PERSONAL AND SOCIAL DETAILS

SURNAME	FIRST NAMES
Address	Previous Name (if applicable)
Post Code	Telephone HOME
E-mail	WORK
Are you a British Citizen?	
National Insurance No.	
Hobbies and Interests	
Do you hold a current Driving Licence Yes/No	
Name & address of next of kin to be contacted in an emergency	
Tel.	

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**We are committed to promoting the equality of opportunities and welcome applications from anyone who feels they are able to carry out the duties. An offending record is not necessarily a bar to employment. Applicants with an offending record will be considered according to LRH-Homes Policy on Applicants with such a record.**

## EDUCATION (Secondary and above)

From	To	Name and address of School College etc	Qualifications

## **This section to be completed by qualified nursing staff only**

Name and address of training school
Date of entering
Date of leaving
Number and expiry date on register/roll
Your GNC/NMC certificate is required to be seen before employment can commence.
I also have the following qualifications

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## EMPLOYMENT (Show last employment first.)

We need your full employment record

For any period of unemployment please put dates and addresses of the Department of Employment where you registered.

From	To	Name and address of Employer	Job Title	Salary	Reason for Leaving

**Are you a member of any professional organisation or association? If you are give details:**

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## HEALTH DETAILS

Name and address of Your Doctor			
May we contact your Doctor?		Yes	No
Have you within the past three years, had any illness or accident Which caused you to be off work for two weeks or more? If yes, what was the illness or accident?		Yes	No
How many days sick leave had you had in the last 3years?			
Have you ever been medically examined for employment before? If yes state date and place.		Yes	No
Immunisation history	BCG Tetanus Polio Hepatitis B Rubella	Yes Yes Yes Yes Yes	No No No No No
Have you ever had a chest x-ray If 'yes' when and where?		Yes	No
Have you within the past year, attended an out-patients clinic or had a course of treatment (tablets, injections or physiotherapy) lasting one month or more? If 'yes' give details		Yes	No
Are you attending hospital or your GP or receiving any medical treatment at present? If 'yes' give details		Yes	No

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Are you suffering from or have you ever suffered from:

Fits, epilepsy or black-outs?	Yes	No
Diabetes?	Yes	No
Tuberculosis (TB) or close contact with anyone suffering from TB?	Yes	No
Depressive illness, mental or nervous trouble? Including anorexia nervosa, bulimia or overdose)	Yes	No
Such diseases as typhoid, cholera, hepatitis?	Yes	No
Skin disease or problems such as eczema, psoriasis or dermatitis?	Yes	No
Allergy (to any drugs or to handling any substance)?	Yes	No
Earache or ear infection discharge or defect?	Yes	No
Colour blindness, chronic eye trouble, eye injury or visual defect not corrected by glasses or contact lenses?	Yes	No
Tonsillitis, sinusitis, frequent sore throats, colds?	Yes	No
Heart/circulatory trouble. Raised blood pressure?	Yes	No
Lung or chest complaint (e.g. asthma, bronchitis, pleurisy)?	Yes	No
Bowel disorders, diarrhoea or constipation?	Yes	No
Bladder or kidney problems?	Yes	No
Varicose veins?	Yes	No
Problems with your back or neck?	Yes	No
Hernia or rupture?	Yes	No
<b>If you have answered 'yes' to any of the above health questions please give details below, or please use the space below to give any additional information.</b>		
<b>Have you ever been refused employment or dismissed on medical grounds?</b>  <b>If 'yes' give details</b>	Yes	No

The answers supplied to the above questions are true to the best of my knowledge. Further more, I undertake to report immediately to my Manager if I or a member of my household should be suffering from vomiting, diarrhoea, skin rash, septic skin lesions or discharges from ear, eye nose or any other site.

1. After returning to, but before re-starting work, after any of the above illnesses, and
2. After returning from a holiday abroad, having suffered from vomiting and diarrhoea for more than two days.

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## NON-BRITISH & NON-EC NATIONALS

Is a Work Permit Required? Yes/No

*Please provide copy of passport and work permit*

## PENSION

Do you currently contribute to a Pension policy? Yes/No

I would like to join the Company Pension Scheme and contribute 3% of my salary  
Yes/No

Do you wish to contribute more than 3% of your salary? Yes/No

## REFERENCES

Please provide the names of at least three people, one of whom MUST be your present or last employer, who may be asked for a reference. All applications for references will be made in the strictest confidence after first having obtained your permission.

DELETE INFORMATION WHICH IS NOT APPLICABLE

NAME	
ADDRESS	
Telephone	E-mail:
Type of reference - School/College/Employer/Character	

NAME	
ADDRESS	
Telephone	E-mail:
Type of reference - School/College/Employer/Character	

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## DETAILS OF SKILLS/EXPERIENCE

Please state the reason why you are applying for this post and give details of any experience/training/skills that you have which you think are relevant together with any other information in support of your application, including details of your present post. (Use additional A4 sheets if needed)

## Declaration

I confirm that I have read and understood this document I understand that the completion of this form does not guarantee employment. I certify that all the information given on this form is true and accept that any mis-statement or suppression of material may mean the cancellation of any appointment, and the termination of any employment, which is also made subject to the receipt of satisfactory references and a Criminal Records Bureau Check. I understand that LRH-Homes is an Equal opportunities employer and that an offending record is not necessarily a bar to employment. As this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, I hereby undertake to advise my employers of any criminal offence which I may be convicted of during my employment with them.

**Date**

**Signature of Applicant:** .....

**Data Protection Information**

The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed. The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal.

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## DECLARATION OF CRIMINAL RECORD IN RESPECT OF EMPLOYMENT WITHIN A CARE HOME

Our reference \_\_\_\_\_

London Residential Healthcare Ltd, 12-14 Langley Avenue, Surbiton, Surrey, KT6 6QL

To be completed by applicant in BLOCK LETTERS.

I have applied for the post of \_\_\_\_\_ within a residential care home.

I understand that this is a post subject to a criminal record check. This has been explained to me and I am aware that spent convictions may be disclosed. I hereby declare that the information I have given below is true and I give my consent to a check being made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Surname \_\_\_\_\_ All Forenames \_\_\_\_\_

Maiden Name \_\_\_\_\_ any previous Surnames \_\_\_\_\_

Present address

\_\_\_\_\_

Previous address within last 5 years, including postal codes and dates of residence for each address. Continue overleaf if more space required.

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

DO YOU HAVE A PROSECUTION PENDING OR HAVE YOU EVER BEEN CONVICTED AT A COURT OR CAUTIONED BY THE POLICE FOR ANY OFFENCE?

YES/NO

If yes, provide details overleaf, including the approximate date, the offence and the court or police force which dealt with the offence.

\_\_\_\_\_

### For Office Use Only

- 1. I confirm that the particulars have been verified and I am satisfied that they are accurate.
- 2. The person identified above has been made a conditional offer of appointment to the post in question.
- 3. No trace on details provided.
- 4. The subject appears to be identical with the person whose criminal record is attached.

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FOR OFFICE USE ONLY:

<b>Comments</b>
<b>Further information required</b>
<b>Action taken</b>
<b>References Checked</b>
<b>Signed</b>
<b>Date</b>