

**Silverways Nursing Home (Christchurch Housing Society)**

 Silver Way, Highcliffe, Christchurch, Dorset, BH23 4LJ

**SILVERWAYS NURSING HOME - JOB APPLICATION**

Please ensure that you complete the application form in full as we cannot accept CVs. Please complete in **BLACK INK** and **BLOCK CAPITALS**. This form will be kept in confidence. Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural, religious, political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership of stewardship. If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time) please contact the Registered Manager on **01425 272919.**

|  |  |
| --- | --- |
| Position applied for: |  |
| Location: |  |
| Work preference: | Full-time Part-time Bank  |
| Hours requested: |  |

**Shifts preferred:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| NIGHT | NIGHT | NIGHT | NIGHT | NIGHT | NIGHT | NIGHT |

**Personal details:**

|  |  |  |
| --- | --- | --- |
| First Names: |  | Surname: |
| Maiden Name: |  |
| Previous Names: |  |
| Address: |  Post code: |
| Telephone number: |  Email address: |
| Marital Status: |  |
| Gender: |  |
| Nationality: |  |
| NI number: |  |
| Place of birth: |  |

**Driving Licence:**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you a driver? | How long have you had your licence? | Do you have yourown transport? | Have you got anyendorsements? |
| **Yes No** |  | **Yes No** | **Yes No** |

|  |  |
| --- | --- |
| Are you a United Kingdom (UK), European Community (EC), European Economic Area (EEA) National?If no, please detail your current immigration status and the relevant visa currently held (including Visa number) | **Yes No** |
| Are you related to any of our current members of staff or Service Users? | **Yes No** |
| How did you hear about us? |  |
| If referred, by who? |  |
| **Equality Act 2010 – under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long term adverse effect” on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at** [**www.gov.uk/definition-of-disability-under-equality-act-2010**](http://www.gov.uk/definition-of-disability-under-equality-act-2010) |
| For the purpose of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process? | **Yes No Prefer not to say****If yes, please state below:** |

**Education – all qualifications will be subject to satisfactory checks**

|  |  |  |  |
| --- | --- | --- | --- |
| School/College/University | Date from: | Date to: | Examinations/Qualifications |
|  |  |  |  |

**Training Courses – attended or completing (evidence of attending course is required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Location | Date | Details |
|  |  |  |  |

**Professional Memberships / Registrations**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organisation | Registration number | Renewal Date | Details |
|  |  |  |  |

**Full Employment History:**

Please record below the details of your **full employment history since leaving full time education** beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required: please sign the sheet/s.

**Current/most recent employer:**

|  |  |
| --- | --- |
| Start date: |  |
| End date: |  |
| Salary: |  |
| Job role: |  |
| Employee name: |  |
| Reason for leaving: |  |
| Contact name: |  |
| Address: |  Post code: |
| Telephone: |  |
| Email: |  |
| Duties: |  |

**Employment history:**

|  |  |
| --- | --- |
| Start date: |  |
| End date: |  |
| Salary: |  |
| Job role: |  |
| Employee name: |  |
| Reason for leaving: |  |
| Contact name: |  |
| Address: |  Post code: |
| Telephone: |  |
| Email: |  |
| Duties: |  |

**Employment history:**

|  |  |
| --- | --- |
| Start date: |  |
| End date: |  |
| Salary: |  |
| Job role: |  |
| Employee name: |  |
| Reason for leaving: |  |
| Contact name: |  |
| Address: |  Post code: |
| Telephone: |  |
| Email: |  |
| Duties: |  |

**Employment history:**

|  |  |
| --- | --- |
| Start date: |  |
| End date: |  |
| Salary: |  |
| Job role: |  |
| Employee name: |  |
| Reason for leaving: |  |
| Contact name: |  |
| Address: |  Post code: |
| Telephone: |  |
| Email: |  |
| Duties: |  |

**Employment history:**

|  |  |
| --- | --- |
| Start date: |  |
| End date: |  |
| Salary: |  |
| Job role: |  |
| Employee name: |  |
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| Address: |  Post code: |
| Telephone: |  |
| Email: |  |
| Duties: |  |

**Employment history:**

|  |  |
| --- | --- |
| Start date: |  |
| End date: |  |
| Salary: |  |
| Job role: |  |
| Employee name: |  |
| Reason for leaving: |  |
| Contact name: |  |
| Address: |  Post code: |
| Telephone: |  |
| Email: |  |
| Duties: |  |

**Employment history: COPY THIS PAGE IF NECESSARY**

|  |  |
| --- | --- |
| Start date: |  |
| End date: |  |
| Salary: |  |
| Job role: |  |
| Employee name: |  |
| Reason for leaving: |  |
| Contact name: |  |
| Address: |  Post code: |
| Telephone: |  |
| Email: |  |
| Duties: |  |

**Explanation of any employment gaps:**

**References: please provide names, addresses and telephone numbers for referees below who we may approach for a reference**

You must provide references from your two most recent employers. In line with CQC requirements, we require references covering your last five years employment. If you have not had more than one employer in the last five years, we require a further reference. Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss this matter with us.

**Referee one (MUST BE CURRENT OR LAST EMPLOYER)**

|  |  |
| --- | --- |
| Contact name: |  |
| Business name: |  |
| Address: |   Post code:  |
| Telephone: |  Email: |
| Capacity in which known: |  |

**Referee two:**

|  |  |
| --- | --- |
| Contact name: |  |
| Business name: |  |
| Address: |   Post code:  |
| Telephone: |  Email: |
| Capacity in which known: |  |

**Referee three:**

|  |  |
| --- | --- |
| Contact name: |  |
| Business name: |  |
| Address: |   Post code:  |
| Telephone: |  Email: |
| Capacity in which known: |  |

**Referee four:**

|  |  |
| --- | --- |
| Contact name: |  |
| Business name: |  |
| Address: |   Post code:  |
| Telephone: |  Email: |
| Capacity in which known: |  |

**Safeguarding / ex-offenders declaration: Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.**

The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Answering “yes” to the questions below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.

|  |  |
| --- | --- |
| Are you currently bound over or do you have any current **UNSPENT** convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country? | **Yes No** |
| Do you have any current **UNSPENT** police cautions, reprimands or final warnings in the United Kingdom or in any other country? | **Yes No** |

**Privacy Statement:**

We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.

|  |
| --- |
| **Supporting statement:** Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities. |

**Declaration:**

The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed. Where applicable, I consent that we can seek clarification regarding professional registration details:

**PRINT FULL NAME:**

**SIGNATURE:**

**DATE:**



**FORM TO GAIN CONSENT FROM CANDIDATE TO SEEK REFERENCES:**

**Data Controller: Silverways Nursing Home**

In order to comply with data protection laws, we need your consent when obtaining employment references about you. Please indicate below whether or not you give such consent to us contacting the referees you have indicated in your application form.

We would like to obtain references so that we may gather information from those who have previously employed you on your performance. We will use the information when making decisions about your suitability for the role you have applied for.

You may withdraw your consent at any time by contacting **Lynn Care, HR Manager**

**Declaration:**

|  |  |
| --- | --- |
| Full name: |  |
| Address: |  Post code: |
| Contact telephone number: |  |
| Email address: |  |
| **I give** / **do not give** my consent to references being sought in conjunction with my application for employment**Delete as appropriate** |
| Signature: |  |
| Date: |  |