

Please complete **all sections fully**. Any gaps may result in this in this application not being considered. Please use N/A for any areas that are “not applicable”

Avenue House Nursing & Care Home
 173-175 Avenue Road
 Rushden, Northants
 NN10 0SN
 T: 01933 358 455
 F: 01933 317 671
 avenue.house@jasminehealthcare.co.uk

APPLICATION FOR EMPLOYMENT

| | |
|---|-------------------------------------|
| Personal details | |
| Title: Mr, Mrs, Miss, Ms, Other (please specify) | |
| Surname: | Forename(s): |
| Address: | |
| Telephone No: | Home: |
| | Mobile: |
| Date of birth: | Email: |
| National Insurance Number: | |
| Next of Kin : | Relationship : |
| Address : | |
| Telephone No : | Mobile : |
| Position applied for: | |
| Full time <input type="checkbox"/> | Part time <input type="checkbox"/> |
| | Shift work <input type="checkbox"/> |
| NB: This application may be subject to a DBS enhanced disclosure | |
| Have you ever been convicted of a criminal offence? If Yes please give details | Yes / No |
| Have you ever or are you subject to an investigation or disciplinary action or suspension within the workplace: Yes / No | |
| If Yes please give details: | |

| | | |
|--|--|----------------|
| Have you ever had a DBS disclosure in the past? Yes / No If Yes please give details Previous DBS disclosure Number: | | |
| Do you have any relatives who work within the home or for Jasmine Healthcare Limited? If so, please provide names: | | |
| Qualifications | | |
| Qualifications attained | Professional Body or In House Training | Dates attained |
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| | | |
| Pin No : | Expiry date : | |
| Part of register : | | |

| | |
|---|--|
| Medical history | |
| Have you any known health problems? Yes / No If Yes please describe | |
| Have you any disabilities that may affect your application? Yes / No If Yes please describe | |
| Are you registered disabled? Yes / No | |
| Doctors name and address | |

Please list any diseases / disorders / allergies from which you suffer / or have suffered

Have you ever suffered from any back / neck injuries? Yes / No

If Yes please give details

Have you ever suffered from any Dermatological conditions (skin disorders)? Yes / No

If Yes please give details

Please list here any regular medication you are taking

Please indicate the total number of days you have been absent from work in the past 12 months – with reasons

Previous employment – Please include details of your most recent employment and give details of all other employments working in reverse from most recent. Please state the reason for any gaps in employment as these will be investigated further.

| Name of employer | Position Held | Dates of Employment | Reasons for leaving |
|------------------|---------------|---------------------|---------------------|
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Current rate of pay

Notice required in current position

Please note here any leisure interests and hobbies you may have.

Personal references – One must be from your most recent employer – references from family members will not be accepted

| | |
|---------------------|-----------------------|
| Name: | Name |
| Address: | Address: |
| Occupation/Company: | Occupation / Company: |
| Telephone: | Telephone: |
| Email: | Email: |

Please use this space to tell us how you feel you could contribute to the team working within our Head Office and throughout the Company. (Please use a separate sheet if necessary)

Declaration by Applicant:

Please read carefully before signing and dating the form.

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to terminate any employment contract offered.
2. I agree that the Company reserves the right to require me to undergo a medical examination.

Signed: Date:

Evidence of ID (Interviewer to complete below)

Passport No: Birth Certificate No:

Declaration by Interviewer:

I confirm that I have gone through this application form with [name of applicant] and I have seen evidence of their nationality as stated below

Signed: Job title: Dated:

Equal Opportunities Monitoring Questionnaire

Applicants are asked to complete this monitoring form, which complies with recent guidelines on race, gender, and disability. Your response will remain confidential and will only be used for monitoring in connection with your application for employment.

Name:

Position applied for:

1 Your ethnic background (please tick as appropriate)

White

British

Irish

Any other White background (please specify)

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed race background (please specify)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify)

Black or Black British

Caribbean

African

Any other Black Background (please specify)

Chinese or other ethnic group

Chinese

Any other please specify

2 Disability – Please circle

Do you consider yourself to be disabled?

Yes

No

If so, what assistance can we offer you?

3 Sex – please circle

I am male

I am female

For official use only – Comments on applicant

Received completed and signed Date

| | |
|---|--|
| Date employment to commence | |
| <i>Starting hourly rate of pay</i> | |
| <i>CRB application sent</i> | |
| <i>CRB returned</i> | |
| <i>References sent</i> | |
| <i>References returned – 1</i> | |
| <i>References returned – 2</i> | |
| <i>Offer letter</i> | |
| <i>Induction package given to new starter</i> | |
| <i>Uniform</i> | |

Other relevant comments: