



Healthcare Homes

Confidential Application Form

1. Application Form			
Position Applied for	<input type="text"/>		
Available to take up employment	<input type="text" value="(Enter Date)"/>		
2. Prepared to Work			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part time	<input type="checkbox"/> Shift work	
3. Personal Details			
Name	<input type="text"/>		
Address	<input type="text"/>		
Telephone Numbers	Home <input type="text"/>	Work <input type="text"/>	
	Mobile <input type="text"/>		
	Email <input type="text"/>		
Do you own a car?	<input type="text" value="Yes / No"/>	Have a current driving licence?	<input type="text" value="Yes / No"/>
	Provisional <input type="text" value="Yes / No"/>	Full <input type="text" value="Yes / No"/>	PCV <input type="text" value="Yes / No"/>
Do you have any current endorsements?	<input type="text" value="Yes / No"/>		
If yes, give details	<input type="text"/>		
4. Nurses Only			
If you are applying for a Nurse Position, please state your PIN Number	<input type="text"/>		
Expiry Date	<input type="text" value="/ /"/>		



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5. Health

Are you in good health?

Yes / No

Are there any disabilities which may affect your application?

Yes / No

If yes, describe disabilities and:

- a) Any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the vacancy.
- b) Any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job.

6. Languages

Do you speak or read a foreign language?

Yes / No

If yes, give details

7. Secondary Education

School Name / Address	Examination (Subject / Result)

8. Further Education and Training

University/College	Type of Course	Subjects	Qualification or Class of Degree



9. Occupational Qualifications	
College / Institute or Other Name	Qualification / Level

10. Employment History

Please supply your full employment history, since leaving school starting with your most recent employer. Continue on a separate sheet of paper if required.

Dates From: __/__/__ To: __/__/__

Present / last employer

Address

Job Title

Duties / responsibilities

Reason for leaving

Dates From: __/__/__ To: __/__/__

Other most recent employer

Address

Job Title

Duties / responsibilities

Reason for leaving



Dates	From: __/__/__ To: __/__/__
Other most recent employer	
Address	
Job Title	
Duties / responsibilities	
Reason for leaving	
11. General	
Interests / hobbies (give details of pastime, sports etc)	
Offices held in social / sports clubs etc	
Public duties (JP, Local councillor etc) undertaken	
Membership of professional organisation(s)	
If offered this position will you continue to work in any other capacity?	Yes / No
If yes, give details	
12. Criminal Convictions	
Have you ever been convicted of a criminal offence?	Yes / No
(Declaration subject to the Rehabilitation of Offenders Act 1974)	
If yes, give details	



13. Work Permits

Are you entitled to work in the UK?

Yes / No

Please note Healthcare Homes is not a sponsor for overseas workers and therefore can not employ any person who requires a work permit to work in the UK.

14. Community / Volunteer Experience

Name and Address of Organisation	Position / Title	Duties

15. References

Most recent Employer

Name

Address

Organisation

Occupation of Referee

Telephone Number

Email Address



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Work, Personal or Educational (Personal references can not be provided by family members)

Name

Address

Organisation

Occupation of Referee

Telephone Number

Email Address

16. Recruitment Policy

It is the organisation's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, gender, sexual orientation, religion or belief, marital status, age or disability.

I authorise the organisation to obtain references to support this application once an offer of employment has been made and accepted and release the organisation and referees from any liability caused by giving and receiving information.

Declaration I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature

Date

17. Office Use Only

Interview offered and arranged?

Yes / No

Date

Time

If no, unsuccessful applicant for is to be completed.

Signature

Date