

# Premier Care Homes

## Application Form

TITLE:      Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
SURNAME:
FIRST NAME(S):
MAIDEN NAME:
PRESENT ADDRESS:
HOME TELEPHONE NO:
MOBILE TELEPHONE NO:
PERMANENT ADDRESS: (If different from above)
GENDER: (Male or Female):
MARITAL STATUS:                      Married/Widowed/Divorced/Separated/Single
NATIONAL INSURANCE NUMBER:
<b>POSITION APPLIED FOR: (Delete as appropriate)</b> Domestic/Laundry Assistant/Cook/Senior Care Assistant/Care Assistant /Nurse//Manager/Activities Co-ordinator
<b>WORK LOCATION:</b> Picketree Court / Durham House <b>(Delete as appropriate)</b>
ARE YOU INTERESTED IN PART-TIME OR FULL-TIME EMPLOYMENT? Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
ARE YOU PREPARED TO WORK SHIFT PATTERNS, INCLUDING NIGHTSHIFT?
WHAT PREFERENCE OF DUTIES DO YOU HAVE? Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> No Preference <input type="checkbox"/>

**PLEASE LIST ALL EDUCATION INCLUDING FURTHER EDUCATION:**

Name of School / College / University	Dates From	Dates To

**QUALIFICATIONS:**

Name of School / Establishment	Qualification Gained	Date Awarded

**LIST ALL TRAINING COURSES ATTENDED RELEVANT TO THE JOB YOU HAVE APPLIED FOR:**

Course Subject	Date Taken	Grade

**EMPLOYMENT HISTORY**

**\*\* Please attach a CV if available \*\***

**PRESENT OR MOST RECENT EMPLOYMENT:**

Name of Employer:

Address of Employer:

Job Title:

Date Employment Commenced:

Weekly Hours/Shifts Worked:

Hourly Rate of Pay:

Notice Period:

PLEASE INCLUDE **ALL** PREVIOUS EMPLOYMENT SINCE LEAVING FULL-TIME EDUCATION

The Care Homes Regulations 2001 require that you inform us of any gaps in your employment record as

part of this application for employment.

If there is insufficient space, please continue on a separate piece of paper and attach to this form:

Name of Employer	Date Employed from:	Date Employed To:	Job Title	Salary	Reason for Leaving

IDENTIFY ANY SPECIFIC EXPERIENCE IN RESIDENTIAL CARE OR NURSING HOMES:

HAVE YOU EVER BEEN RELEASED FROM EMPLOYMENT FOR REASONS OTHER THAN REDUNDANCY (YES / NO): IF YES, PLEASE INDICATE REASON FOR RELEASE:

**REFERENCES:**  
 Please provide the **name** and **address** of **two** referees. Your professional referee must be your **current employer or most recent employer if you are unemployed**. Your personal referee must **not** be a relative.

<p><u><i>Professional Reference</i></u>  <b>Title:</b> Mrs/Ms/Miss/Mr  <b>Name of Referee:</b>  <b>Company Name:</b>  <b>Job Title:</b>  <b>Email Address:</b>  <b>Address:</b></p>	<p><u><i>Personal Reference</i></u>  <b>Title:</b> Mrs/Ms/Miss/Mr  <b>Name of Referee:</b>  <b>Relationship to You:</b>  <b>Length of Time has Known You:</b>  <b>Email Address:</b>  <b>Address:</b></p>
<p><b>Post Code:</b>  <b>Tel No:</b></p>	<p><b>Post Code:</b>  <b>Tel No:</b></p>

**PERSONAL HEALTH BACKGROUND**

Present Health:

Date of last medical &amp; result:

Are you currently receiving any treatment for any medical condition? **YES/NO**Are you aware of any physical, mental or health reasons that would preclude or limit you from working in a Care Home with Vulnerable Adults? **YES / NO**Can you confirm that you are mentally and physically fit to do the job that you have applied for? **YES/NO (If no, please state the reason)****NURSING TRAINING/ QUALIFICATIONS: (If relevant)**

Name and address of training school:

Agency/Pin number:

Date of training:

Number and Date of register/roll:

Please provide copies of all certificates etc.

Proof of original GNC/UKCC certificates etc. is required to be seen before employment can commence.

**POLICE CHECK & GENERAL****HAVE YOU EVER BEEN CAUTIONED, REPRIMANDED, INVESTIGATED OR CONVICTED OF A CRIMINAL OFFENCE? YES/NO** If yes, please provide details:**ARE YOU CURRENTLY UNDER ANY INVESTIGATION FROM THE POLICE OR SAFEGUARDING ADULTS TEAM OR WAITING TO GO TO COURT? YES/NO**  
If yes, please provide details:~~\*\*\* Please note that, because of the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (exemptions) order 1975.~~

Premier Care Homes aims to promote equality of opportunity for all with the right mix of talent, skills and potential. Premier Care Homes Residential Care Home considers applications from diverse candidates. Criminal records will be considered and taken into account for recruitment purposes only. Due to the nature of work, you will be asked to disclose all convictions which are 'spent' under the rehabilitation of Offenders Act 1974. Having an 'unspent' conviction will not necessarily bar you from employment. This will depend on the circumstances and background to your offence(s).

As Premier Care Homes meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment will be subject to a criminal record check from the Criminal Records Bureau before a decision is made on suitability for employment and the appointment is confirmed. This CRB check will verify and include details of cautions, reprimands and final warnings, as well as convictions.

\*\* A Code of Practice sheet available from our umbrella organisation that establishes CRB documentation is available upon request. \*\*

HOW MANY DAYS SICKNESS ABSENCE HAVE YOU HAD IN THE LAST 2 YEARS?  
(PLEASE INCLUDE DATES AND REASON FOR EACH ABSENCE).

IS THERE ANY OTHER INFORMATION YOU WISH TO PROVIDE IN ORDER TO SUPPORT  
YOUR APPLICATION FOR EMPLOYMENT WITH PREMIER CARE HOMES?

WHY DO YOU WISH TO APPLY FOR A POSITION WITH PREMIER CARE HOMES?

**DECLARATION:**

**I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND  
I UNDERSTAND THAT IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION IN ORDER  
TO GAIN EMPLOYMENT. I ALSO ACCEPT THAT PROVIDING DELIBERATELY FALSE  
INFORMATION COULD RESULT IN MY DISMISSAL.**

**SIGNED:**

**DATE:**

**PRINT NAME:**

**Please return your completed application form to the Care Home that you are applying to:**

**The Manager  
Premier Care Homes Ltd  
Durham House Residential Care Home  
Mains Park Road  
Chester le Street  
Durham  
DH3 3PU**

**HR Department  
Premier Care Homes Ltd  
Picktree Court Care Home  
Picktree Lane  
Chester le Street  
Durham  
DH3 3SP**

**S MONITORING FORM**

**PLEASE COMPLETE THE DETAILS BELOW. THIS INFORMATION WILL BE TREATED**

**IN THE STRICTEST CONFIDENCE AND WILL NOT BE USED AS PART OF THE SELECTION PROCESS.**

Surname:	
First name(s):	
Post Title:	
Post Location:	
Date of Birth:	Age at time of application:

**GENDER**

Please tick one appropriate box below:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>		

**ETHNIC ORIGIN**

Please tick one appropriate box below:

Ethnic Origin	
White: British	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>
White: Other	<input type="checkbox"/>
Mixed: White & Black Caribbean	<input type="checkbox"/>
Mixed: White & Black African	<input type="checkbox"/>
Mixed: White & Asian	<input type="checkbox"/>
Mixed: Other	<input type="checkbox"/>
Asian or Asian British: Indian	<input type="checkbox"/>
Asian or Asian British: Pakistani	<input type="checkbox"/>
Asian or Asian British: Bangladeshi	<input type="checkbox"/>
Asian or Asian British: Other	<input type="checkbox"/>
Black or Black British: Caribbean	<input type="checkbox"/>
Black or Black British: African	<input type="checkbox"/>
Black or Black British: Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>
Do not wish to disclose	<input type="checkbox"/>

**DISABILITY**

D1 Do you consider yourself to be disabled within the meaning of the Disability Discrimination Act?

The Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment that has a substantial long term adverse impact on his or her ability to carry out day to day activities.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do not wish to disclose	<input type="checkbox"/>		

D2 Please tick any of the following that applies to you. You may tick more than one category.

Hearing impairment	<input type="checkbox"/>	Reduced physical capacity, including difficulty with physical co-ordination	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>	Severe disfigurement	<input type="checkbox"/>
Visual impairment (not corrected by glasses or contact lenses)	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>
Reduced mobility	<input type="checkbox"/>	Learning difficulties	<input type="checkbox"/>
Progressive condition (e.g.: cancer, muscular dystrophy)	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Other (Please specify)			
Do not wish to disclose			

**MARITAL STATUS**

Please tick the box that applies to you:

Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Single	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Do not wish to disclose	<input type="checkbox"/>

**RELIGION, BELIEF AND NON-BELIEF**

Please tick the box that applies to you

Christianity	<input type="checkbox"/>	Judaism	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Rastafarianism	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	None	<input type="checkbox"/>
Other (please state below)	<input type="checkbox"/>	Do not wish to disclose	<input type="checkbox"/>

**SEXUAL ORIENTATION**

Please tick the box that applies to you

Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Homosexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Do not wish to disclose	<input type="checkbox"/>		

**OTHER NEEDS**

Is there anything else that we need to know to treat you fairly and equally?

**HOW DID YOU HEAR ABOUT THIS VACANCY?**