



Application Form

*Please attach
passport size
photo here*

*Please attach
passport size
photo here*

Title: Please circle the appropriate	Mr Mrs Miss Ms
SURNAME:	
FIRST NAME(S):	
MAIDEN NAME:	
PRESENT ADDRESS:	
	Post code:
HOME TELEPHONE NUMBER:	
MOBILE TELEPHONE NUMBER:	
PERMANENT ADDRESS: (If different from above)	

GENDER:	Male	Female
MARITAL STATUS: (Delete as appropriate)	Married, Widowed, Divorced, Separated, Single	

NATIONAL INSURANCE NUMBER:

POSITION APPLIED FOR: (Delete as appropriate)
 Senior Care Assistant/Care Assistant /Nurse/Manager/Activities Co-ordinator
 WORK LOCATION: Please specify

ARE YOU INTERESTED IN PART-TIME OR FULL-TIME EMPLOYMENT?
 Full-Time Part-Time

ARE YOU PREPARED TO WORK SHIFT PATTERNS, INCLUDING NIGHTSHIFT?

WHAT PREFERENCE OF DUTIES DO YOU HAVE? Please circle the appropriate
 Day Shift Evening Shift Night Shift No Preference



PLEASE LIST UP TO 5 YEARS PREVIOUS ADDRESSES :

PLEASE LIST ALL EDUCATION INCLUDING FURTHER EDUCATION:

Name of School / College / University/ Include address	Start date	End date



QUALIFICATIONS:

Name of School / Establishment including address	Qualification Gained	Date Awarded

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

Course Subject	Date from / to	Grade

EMPLOYMENT HISTORY : Please attach a CV if available

PRESENT OR MOST RECENT EMPLOYMENT:

Name of Employer:	
Address of Employer:	
Job Title:	
Employment start and End date :	
Weekly Hours/Shifts Worked:	
Hourly Rate of Pay:	
Notice Period:	
Please comment	



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 & address	Start date	End date	Job Title	Salary/ hourly rate	Reason for Leaving



IDENTIFY ANY SPECIFIC EXPERIENCE IN DOMICILIARY CARE, 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.	
Professional Reference: Title: Mrs/Ms/Miss/Mr Name of Referee: Job Title: Company Name: Email Address: Full Address: Tel No:	Personal Reference: Title: Mrs/Ms/Miss/Mr Name of Referee: Relationship to You: Length of Time has Known You: Email Address: Full Address: Tel No:

PERSONAL HEALTH BACKGROUND
Present Health:
Date of last medical & 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/ university:	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.	
Please sign to agree :	Print full name:
Signature	Date:



*** DBS 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. **3 Star health Care Limited** 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 3 Star Health Care 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 DBS 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 DBS documentation is available upon request

HOW MANY DAYS SICKNESS ABSENCE HAVE YOU HAD IN THE LAST 12 MONTHS? (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 3 Star Health Care?	WHY DO YOU WISH TO APPLY FOR A POSITION WITH 3 Star Health Care?
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.	
PRINT NAME:	
SIGNED:	DATE:



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.

Title:	
Surname:	
First name(s):	
Post Location:	
Date of Birth:	

GENDER					
✓ Please tick one appropriate box below:					
Male		Female		Transgender	

ETHNIC ORIGIN	
✓ Please tick one appropriate box below:	
White: British	
White: Irish	
White: Other	
Mixed: White & Black Caribbean	
Mixed: White & Black African	
Mixed: White & Asian	
Mixed: Other	
Asian or Asian British: Indian	
Asian or Asian British: Pakistani	
Asian or Asian British: Bangladesh	
Asian or Asian British: Other	
Black or Black British: Caribbean Black or Black	
British: African Black or Black British: Other	
Chinese	
Other Ethnic Group	
I do not wish to disclose	

RELIGION, BELIEF AND NON-BELIEF							
✓ Please tick the box that applies to you							
Christianity		Hinduism		Islam		Buddhism	
Judaism		Sikhism		Rastafarianism		Earthiest	
Other (please specify)							



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		NO	Do not wish to disclose

D2 Please tick any of the following that applies to you. You may tick more than one category. ✓			
Hearing impairment		Speech impairment	Reduced mobility
Mental illness		Dyslexia	Learning difficulties
Visual impairment (not corrected by glasses or contact lenses)		Reduced physical capacity, including difficulty with physical co-ordination	Progressive condition (e.g.: cancer, muscular dystrophy)
Other (Please specify)			
I Do not wish to disclose			

MARITAL STATUS								
✓ Please tick the box that applies to you								
Married		Widowed		Divorced		Single	Civil Partnership	I Do not wish to disclose

SEXUAL ORIENTATION							
✓ Please tick the box that applies to you							
Bisexual		Lesbian		Heterosexual		Homosexual	
I Do not wish to disclose							

OTHER NEEDS
Is there anything else that we need to know to treat you fairly and equally? Please use the box below

HOW DID YOU HEAR ABOUT THIS VACANCY