

Office use only
Ref no: _____



Yardley Grange Nursing Home
 465 CHURCH ROAD YARDLEY BIRMINGHAM B33 8NY
 TEL: (0121) 789 7188 FAX: (0121) 789 5819

APPLICATION FOR EMPLOYMENT - CONFIDENTIAL

POSITION APPLIED FOR _____

TITLE MR/MRS/MISS/MS* CROSS OUT AS APPROPRIATE

FIRST NAME _____ LAST NAME _____

ADDRESS _____

_____ POST CODE _____

TELEPHONE NUMBERS HOME _____ WORK _____

CAN WE CALL YOU AT WORK? YES/NO*

NATIONAL MINIMUM STANDARDS FOR CARE HOMES FOR OLDER PEOPLE, STANDARD 27.6

If the job for which you are applying involves the provision of care, please tick this box if you are 18 years of age or over

SECONDARY EDUCATION

SCHOOL	EXAMS TAKEN	RESULTS	DATE FINISHED (MONTH/YEAR)#

FURTHER EDUCATION

PLACE	EXAMS/ COURSES TAKEN	RESULTS	START AND END DATES (MONTH/YEAR)#

DATES ARE ONLY REQUIRED FROM APPLICANTS FOR JOBS INVOLVING THE PROVISION OF NURSING OR CARE

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

NAME OF ASSOCIATION	GRADE OF MEMBERSHIP	IS ENTRY BY EXAMINATION?

CURRENT OR LAST EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER	DATES FROM/TO	POSITION, MAIN DUTIES	RATE OF PAY

HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE? _____

EMPLOYMENT HISTORY

NAME AND ADDRESS OF EMPLOYER	DATES FROM/TO MONTH/YEAR	POSITION, MAIN DUTIES	RATE OF PAY	REASON FOR LEAVING

NOTE: THIS QUESTION ONLY HAS TO BE ANSWERED IF THE JOB INVOLVES DRIVING

DO YOU HAVE A CURRENT DRIVING LICENCE? YES/NO*

IF YES, DOES YOUR LICENCE HAVE ANY ENDORSEMENTS OR PENALTY POINTS? YES/NO*

IF YES, GIVE DETAILS

IF YOU DO ANY VOLUNTARY WORK, PLEASE WRITE DOWN WHAT SORT OF WORK IT IS, HOW MUCH TIME IT TAKES AND FOR WHOM YOU DO THE WORK

PLEASE WRITE DOWN THE DATES OF ANY HOLIDAYS YOU HAVE BOOKED

FROM

TO

ARE THERE ANY RESTRAINTS ON YOU WHICH MIGHT AFFECT YOUR ABILITY TO DO THE JOB ADVERTISED? YES/NO*

IF YES, GIVE DETAILS

GIVE DETAILS OF TWO REFEREES TO COVER YOUR LAST THREE YEARS EMPLOYMENT OR, IF SHORTER, ALL OF YOUR EMPLOYMENT. ONE OF THE REFEREES MUST BE YOUR CURRENT OR LAST EMPLOYER.

	NAME	COMPANY	ADDRESS	TELEPHONE
1.				
2.				

CAN WE CONTACT REFEREES PRIOR TO INTERVIEW? REF. 1 YES/NO* REF. 2 YES/NO*

DO YOU REQUIRE A WORK PERMIT? YES/NO/DON'T KNOW*

PLEASE WRITE DOWN DETAILS OF ANY SKILLS, KNOWLEDGE AND EXPERIENCE YOU HAVE THAT YOU CONSIDER TO BE RELEVANT TO THIS JOB

DECLARATION

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE AND COMPLETE AS FAR AS I KNOW. I UNDERSTAND THAT GIVING FALSE INFORMATION OR DELIBERATELY WITHHOLDING INFORMATION MAY RESULT IN ANY JOB OFFER BEING WITHDRAWN OR, IF I HAVE STARTED WORK, MY DISMISSAL.

SIGNED _____ DATE _____

OFFICE USE		
CHOSEN FOR INTERVIEW YES/NO*	STARTING PAY £	PER
OFFERED JOB YES/NO*	START DATE	
APPOINTED YES/NO*	REF LETTERS: SENT (1)	(2)
MEDICAL REQUIRED YES/NO*	REPLY REC'D (1)	(2)
NO OF SHIFTS PW	HRS PER SHIFT	LETTER SENT
TOTAL HOURS PER WEEK		



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Equal Opportunities Form

Please tick one box per question where appropriate.

1. PEOPLE WITH DISABILITIES*

Do you have a disability?

Yes	<input checked="" type="checkbox"/>
No	<input checked="" type="checkbox"/>
I prefer not to answer	<input checked="" type="checkbox"/>

If yes, please let us know below if we need to make any particular arrangements if you are selected for interview

*** We guarantee to interview all people with disabilities who meet the essential criteria for the job.**

2. ETHNIC ORIGIN

I consider my ethnic origin to be:

Asian:	
Indian	<input checked="" type="checkbox"/>
Pakistani	<input checked="" type="checkbox"/>
Bangladeshi	<input checked="" type="checkbox"/>
British Asian	<input checked="" type="checkbox"/>
Other Asian	<input checked="" type="checkbox"/>
Black or Black British:	
Black British	<input checked="" type="checkbox"/>
Black Caribbean	<input checked="" type="checkbox"/>
Black African	<input checked="" type="checkbox"/>
Other Black	<input checked="" type="checkbox"/>
Chinese	
<input checked="" type="checkbox"/>	
White:	
British	<input checked="" type="checkbox"/>
Irish	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>
Mixed:	
White & Asian	<input checked="" type="checkbox"/>
White & Black African	<input checked="" type="checkbox"/>
White & Black British	<input checked="" type="checkbox"/>
White & Black Caribbean	<input checked="" type="checkbox"/>
Other Mixed	<input checked="" type="checkbox"/>
Other Ethnic Group	
<input checked="" type="checkbox"/>	
I prefer not to answer	<input checked="" type="checkbox"/>

3. GENDER

I am:

Male	<input checked="" type="checkbox"/>
Female	<input checked="" type="checkbox"/>
I prefer not to answer	<input checked="" type="checkbox"/>

4. AGE

I am:

under 18	<input checked="" type="checkbox"/>
18 -25	<input checked="" type="checkbox"/>
26 -50	<input checked="" type="checkbox"/>
51 or over	<input checked="" type="checkbox"/>