

HIGHFIELD RESIDENTIAL CARE HOME.

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

Position applied for:

Return this form to:

Manager/Deputy Manager

Please type or complete this application form in BLACK ink

PERSONAL DETAILS

SURNAME.

FIRST NAME.

FULL ADDRESS.

POST CODE.

MOBILE NUMBER.

LAND LINE (if applicable)

National Insurance Number.

E-MAIL ADDRESS

Do you hold a current driving licence?

YES / NO

If YES, please give details, including any endorsements (e.g., car, HGV, PSV etc.)

Are you legally eligible for employment in the UK?

YES / NO

Do you require a Work Permit to work in the UK?

YES / NO

You are required to have two recognised Covid-19 vaccines
Please provide the date, reference No and which jab you have received

Date of first jab

Batch No

Name of vaccine

Date of first jab

Batch No

Name of vaccine

CURRENT EMPLOYMENT

**Given full date as to the time spent at this employment
I.e., MONTH & YEAR
FROM -TO**

Name of current employer

Full address of current employer

Reason for leaving

| | | | |
|--------------------------------------|--|----------------------------|--|
| | | | |
| Notice Period Required to give | | Dates available from | |

(2)

| PREVIOUS EMPLOYMENT HISTORY | | Your pervious employment history must cover from when you left school until the present day with no gaps. You must also give reason for any gaps in your employment history. I.e. Unemployed, Had Children etc. | |
|--|------------------|---|--------------------|
| Given full date as to the time spent at the employment I.e., MONTH & YEAR FROM -TO | Name of employer | Full address of employer | Reason for leaving |
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| PREVIOUS EMPLOYMENT HISTORY | | Your pervious employment history must cover from when you left school until the present day with no gaps. You must also give reason for any gaps in your employment history. I.e. Unemployed, Had Children etc. | |
|--|------------------|---|--------------------|
| Given full date as to the time spent at the employment I.e., MONTH & YEAR FROM -TO | Name of employer | Full address of employer | Reason for leaving |
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| EDUCATION | | Exams and qualifications passed Inclusive of NVQ,s |
|------------|--|---|
| SCHOOL | | |
| COLLEGE | | |
| UNIVERSITY | | |

REFERENCES

Please note below the names, addresses and telephone numbers of two individuals from whom we may obtain references.
One referee should be your present employer. References from your present employer will not be sought without your authority.

WE WILL NEED THE CORRECT NAME, POSITION AND FULL ADDRESS OF YOUR REFEREE WITHOUT THESE DETAILS WE WILL NOT BE ABLE TO PROCEED.

(WE CAN NOT ACCEPT A REFERENCE NOT SIGNED BY THE PERSON NAMED ON THE REFERENCE)

| REFERENCE 1 (PRESENT EMPLOYER) | | REFERENCE 2 | |
|-----------------------------------|--|---------------------|--|
| NAME | | NAME | |
| THEIR POSITION HELD | | THEIR POSITION HELD | |
| FULL ADDRESS | | FULL ADDRESS | |
| POST CODE | | POST CODE | |
| TELE No | | TELE No | |

PLEASE ENSURE THAT ALL THE INFORMATION REQUESTED ABOVE IS COMPLETE AS WE WILL NOT BE ABLE TO PROCEED.

(5)

MEDICAL DECLARATION

By signing this application form, I am certifying that I am physically and mentally fit to undertake the role I am applying for and have no underlying health or disability conditions.

Please declare any conditions that you have that may affect the position applied for.

OTHER INFORMATION

If you consider yourself as having a disability is there any support you would require? **YES / NO**
If yes, please specify (e.g., wheelchair access, accessible rooms etc)

Are you related to any employee of Silverleaf Care Homes Ltd?

YES / NO

If yes, please specify who

DATA PROTECTION

The information detailed in this application form may be used by the Silverleaf Care homes Ltd in monitoring and progress of its employment policies and practices, and in particular our Equal Opportunities Policy. This monitoring is for statistical purposes only and you will not be identifiable from this process. However, your personal details contained in the application form may be used in the prevention and detection of fraud. Where this occurs, you will be identifiable.

I consent to the Silverleaf Care Homes Ltd recording and processing the information detailed in this application form. I understand that this information may be used by the Company in pursuance of its business purposes and my consent is conditional to the Silverleaf Care Homes Ltd complying with their obligations under the Data Protection Act 1998.

Yes ☐ No ☐

CRIMINAL CONVICTIONS

Because of the nature of the work in the Silverleaf Care Homes Ltd, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975. Therefore, all applicants must tell us about sentences or convictions that for other purposes would be considered to be “spent” under the provisions of the Act. In the event of employment, any failure to disclose such sentences or convictions could result in dismissal or other disciplinary action. Having a criminal record will not necessarily be a bar to obtaining a position.

In addition, staff that are in jobs where they have access to vulnerable adults are required to undergo a Criminal Records Bureau and an Adult First check into their backgrounds, in accordance with the ROA (Exemptions) (Amendment) Order 1986, prior to starting a position with the Company. This will be an enhanced disclosure.

It is a criminal offence if you knowingly apply for any position working with vulnerable adults if you have been either confirmed or provisionally listed on any SOVA list.

Do you have any criminal records to declare? YES / NO

This includes convictions, cautions, reprimands, and warnings

Are there any current criminal proceedings against you? YES / NO

If you have answered **Yes to either of these two questions, please give details below.**

MANAGEMENT ARE TO SIGN AND DATE AFTER DISCUSSION IN RELATION TO APPLICANTS CONVICTIONS IF APPLICABLE

COMMENTS.

Signature.

Date.

ADDITIONAL INFORMATION

Please tell us why you would succeed in this position, setting out relevant knowledge, skills and experience you have gained. You should also provide any other information that may be of interest and relevant to the position. Include Training/Membership of Professional Bodies/Apprenticeships/Special Courses etc.

DECLARATION (please read this carefully before signing this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, to dismiss without notice.

Signature,

Date.

