

Hendra Healthcare (Ludlow) Limited -Application for Employment
Private & Confidential

Job applied for: _____ Closing date: _____

Please return form to: **Mr V Burmingham, Hendra House, 15 Sandpits Road, Ludlow**
Or email to vince@hendrahouse.co.uk

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels that they are able to carry out the duties, regardless of any previous experience.

Please tell us about yourself

Title.....Surname:

Christian Name(s)..... Date of Birth:

Home address:.....

..... Postcode:

Home tel. no: Work tel. no:

Email Address _____

How did you find out about this vacancy? _____

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
.....
.....
Postcode:	Postcode:
Tel. no. work:	Tel. no. work:
Tel. no. other:	Tel. no. other:
Is this your current employer? YES / NO	Is this your current employer? YES / NO
Are they related to you? YES / NO	Are they related to you YES / NO

Are you related to any present or former employees of the home? YES / NO

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Please tell us about your Education and Training

Please tell us about your education. List any qualifications gained.

<i>School / College</i>	<i>From</i>	<i>To</i>	<i>Qualifications - include dates and grades</i>

If you have undertaken any training or voluntary work to improve your employment prospects, please give details below:

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Employment History

Please tell us about the jobs you have had in the past five years starting with your present, or most recent, job first. If there are gaps in employment please tell us why e.g. unemployment, bringing up family etc. Please identify any other employment you would continue if you were successful in obtaining this position.

<i>Employer</i>	<i>Job title and description of duties</i>	<i>Salary / wages</i>	<i>From</i>	<i>To</i>	<i>Reason for leaving</i>

Further information

Please detail here the reasons for your application, your main achievements to date and the strengths you would bring to the post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of the post. Please feel free to continue on a separate sheet of paper if required.

Do you hold a current, clean driving licence:

YES / NO

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Caution, Rehabilitation And Criminal Records

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975, as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken in to account in deciding whether to make an appointment. Any information will be completely confidential and will be considered in relation to this application.

In addition you will be required to submit to a Criminal Records Bureau check and a Protection of Vulnerable Adults check. Any disclosures made will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of an offence? YES / NO. If YES list full details below:

Special Requirements (Care Sector)

Because the position involves the care of vulnerable adults employment is dependant upon the following:

- 1. Your written consent to obtaining an enhanced CRB / POVA disclosure certificate.*
- 2. Such disclosures being acceptable to the company.*
- 3. Proof of identity - Birth or Marriage Certificate (where appropriate) and Passport (if available).*
- 4. Two satisfactory written references*
- 5. There are no restrictions on you working in the United Kingdom*

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In order to comply with infection control procedure the home is required to record staff immunisation records. It would therefore be appreciated if you could identify if you have received immunisation against any of the identified conditions together with the date of immunisation.

<i>Condition</i>	<i>Date Immunised or NA if Immunisation Not Completed</i>
<i>Hepatitis B</i>	
<i>Tetanus</i>	
<i>Poliomyelitis (Polio)</i>	
<i>Tuberculosis (TB)</i>	
<i>Rubella (German Measles)</i>	
<i>Influenza</i>	

Declaration

I confirm that all the information provided in this application form is complete and accurate, and that any untrue or misleading information will give Hendra Healthcare the right to terminate any employment contract offered.

Should Hendra Healthcare require further information and wish to contact my doctor with a view to obtaining a medical report, they are required to inform me of their intention, and are required to obtain my permission prior to contacting my doctor.

I acknowledge that Hendra Healthcare reserves right to require me to undergo a medical examination. I agree that this information be retained in my personal file for up to six years thereafter and understand that the information will be processed in accordance the Data Protection Act.

I agree that should I be successful in this application, Hendra Healthcare will apply to the Criminal Records Office for an enhanced disclosure. I understand that should the disclosure not be to the satisfaction of Hendra Healthcare, any offer of employment may be withdrawn, or my employment terminated.

Signed:.....

Date:.....