



APPLICATION FOR EMPLOYMENT

Please complete and return form to:

Mrs Alexandra Dobbs
Manager

Willowbrook House Nursing House
 St Arvans Crescent
 St Mellons
 Cardiff CF3 0FD

Telephone: 02920 817700

Fax: 02920817701

Email: enquiries@willowbrookhouse.co.uk

POSITION APPLIED FOR _____ Date _____

Surname	Forename(s)	Title
Date of Birth	Telephone No.	
NI No.	Driving Licence: Yes/No	
If Registered Nurse – NMC PIN	Nursing Qualification	
Address:		
Are there restrictions on you taking up employment in the UK: Yes/No If Yes provide details (e.g. Need a Work Permit)		
Are you currently employed in any other capacity which you may continue to work if successful in this application? If so, please state employer and number of contracted hours.		

EDUCATION DETAILS:

Schools	Qualifications gained
College/University	Qualifications gained
Other training/qualifications (e.g. NVQ etc)	

FULL EMPLOYMENT HISTORY (Most recent post first and use a separate sheet if necessary) Please provide an explanation of any breaks in employment i.e. childbirth

FROM – TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLES AND DUTIES	SALARY/ GRADE	REASON FOR LEAVING

FULL EMPLOYMENT HISTORY (Most recent post first and use a separate sheet if necessary) Please provide an explanation of any breaks in employment i.e. childbirth

FROM – TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLES AND DUTIES	SALARY/ GRADE	REASON FOR LEAVING

Notice required in current post:

REFERENCES:

Please note here the names and addresses of two persons from whom we may obtain both character work experience reference. One must be your current/most recent employer and none should be a relative or close friend. If you are a registered nurse, the second must be a professional reference.

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INTERESTS:

Please note here any interests, sport, hobbies or other pastimes etc.

GENERAL COMMENTS:

Please detail here your specific reasons for your application, your main achievements to date and the strengths you would bring to the post.

Any other information which you believe would be relevant:

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered

2. I agree that the organisation reserves the right to require me to undergo a medical examination or the obtaining of a medical report should this be needed. The law requires us to inform you of our intention and to obtain your permission prior to contacting your doctor.

Signed..... Date.....

PRINT NAME.....

Medical Questionnaire

Name of applicant:

Doctors Name and Address:

Weight:

Height:

Are you suffering from or have you ever suffered from	Yes	No
Back/Neck pain		
Rheumatic / Arthritic conditions		
Hernia		
Upper limb disorder e.g. tendonitis, carpal tunnel syndrome etc.		
Fits/Fainting or epilepsy		
Depression/anxiety/nervous illnesses or been referred for psychiatric assessment		
Typhoid, paratyphoid or dysentery		
Tuberculosis or hepatitis		

Any illness or medical condition not specified above? (Please specify)

Are you currently on any medication or undergoing any treatment? (Please specify)

Have you lost time from work as a consequence of one of the above conditions? (Please specify)

Have you ever taken time off work due to an accident at work? Have you been rewarded compensation or received a state benefit due to the accident? (Please specify)

I declare that the statements are true and that I am now in good physical and mental health. I understand that the non-disclosure or suppression of any relevant facts known by me may prejudice my application and if appointed could result in the termination of my employment. I agree that a medical report may be obtained from my doctor or hospital specialist.

Signed:.....

Date:.....

Application: Recruitment
Reviewed: 01/06/13

Declaration for the Rehabilitation of Offenders Act 1974

The post for which you are applying is covered by the Protection of Vulnerable Adults scheme (POVA). It is a **criminal offence** for a person included on the POVA list to apply for a care position. The post is also exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exemptions Order 1975 as amended. This means that **all convictions**, including those 'spent' under the terms of the Rehabilitation of Offenders Act 1974 **must be declared**.

The information provided will be taken into account in deciding whether to make an appointment or not. It will be completely confidential and will be considered only in relation to this application.

If your application is successful you will be required to co-operate with us in obtaining a disclosure of criminal convictions from the Criminal Records Bureau and in checking your details against the POVA List.

Declaration

Are you included or provisionally included on the DBS (POVA) list? **Yes / No**

Do you have any unspent convictions, cautions, reprimands or warnings?
Yes / No

If **yes**, please give full details

Surname(print)

Forenames (print)

If you have previously had any other surname(s) or forenames(s), you must declare all of them below and state the date of each change and the reason

Signed
Registration/PIN (if applicable)

Date