

The Woodlands Residential Care Home – Application Form

STAFF APPLICATION FORM

PLEASE COMPLETE IN OWN HANDWRITING USING A BLACK PEN AND BLOCK CAPITAL LETTERS

Return to:	
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Position applied for:	
How did you hear about this vacancy?	

Personal Details	
Title:	Mr/Mrs/Miss/Ms/ Other:
First Name(s):	
Surname:	
Address:	
Telephone:	
Mobile:	
Rehabilitation of Offenders Act	
Have you ever accepted a formal Police caution, been found guilty by a Court or Court Martial of an offence (although you may have been bound over, placed on probation or discharged either conditionally or unconditionally):	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are there any outstanding proceedings which have not yet gone through the courts?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

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Health Record	
How many days absence due to sickness have you had during the last 12 months of your employment?	
Reasons for these absences:	
Are you currently undergoing any medical treatment which is likely to result in hospitalisation?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, If yes, please give details below:
Have you ever suffered from any recurrent medical or mental illness?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, If yes, please give details below:
Are you or have you been registered as disabled?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, If yes, please give details below:
Registration Number:	
Certification Expiry Date:	

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References	
Full employment history – start with current or previous employer and work backwards	
Name 1	
Address	
Nature of Business:	
Contact Details:	
Name 2:	
Address:	
Nature of Business:	
Contact Details:	
Availability	
Amount of notice required by present employer:	
Additional information	
Please use this space for any additional information you consider relevant to this application	

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Declaration

I declare that the information on this form is correct and I am aware that wrong information could invalidate this application or cause the termination of my employment at a later stage. I understand that any offer made will be subject to satisfactory references and DBS Adult First and DBS Enhanced Check with Barred List checks.

Signature:

Date:

Interviewer's Notes

Interviewed By:

Date:

Offer position:

Yes

No