

Longmead Nursing Home – Application Form

PLEASE COMPLETE IN CAPITAL LETTERS

Post Applied for: Tel No: N.I.No:

Full Name:

Address:

Nationality: Marital Status: Maiden Name:

Next of Kin: Relationship: Tel No:

Qualifications:

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ALL PREVIOUS EMPLOYMENT

From:	To:	Employer's Name & Address:	Employment Details:
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For completion by qualified staff only:

Name and address of training school:
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Date of entering and leaving:

Number and date on register / roll (NMC PIN No):

Referees:

Name: Company:

Address:

Name: Company:

Address:

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 Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'SPENT' under the provisions of the Act. You must, therefore, disclose information about all your convictions (if any) in a court of law no matter when they occurred. In the event of employment, any failure to disclose such convictions could result in instant dismissal.

Section 89 (5) of the Care Standards Act 2000 provides that an individual who is included (otherwise than provisionally) in the list kept by the Department of Health of individuals who are considered to be unsuitable to work with vulnerable adults (POVA list) shall be guilty of an offence if he knowingly applies for, offers to do, accepts or does any work in a care position.

Please use the space below to give details of all previous convictions and all official police cautions received (if any):

Declaration:

Please read carefully before signing:

1. I hereby certify the accuracy of all above information.
2. I am physically and mentally fit for the purposes of the job for which I apply and I give Longmead Nursing Home permission to contact my doctor for further information should they decide to do so.
3. I understand and accept that if any of the information given in this document is untrue, then Longmead Nursing Home reserve the right to immediately terminate my employment.
4. I understand that Longmead Nursing Home must obtain disclosure checks from the Criminal Records Bureau in accordance with the Care Homes Regulations 2001 that came into force in April 2002.

Signed: Date: