

## APPLICATION FORM

- Please complete this form legibly using black ink or type and return to the above address on or before the closing date specified in the advertisement. Curriculum Vitae, late or incomplete applications will not be considered.
- Only information provided on this application form will be considered by the panel. Candidates must outline clearly how their qualifications and experience meet both the essential and desirable requirements. Continuation sheets may be added if necessary.
- Please ensure that you have completed and returned all parts of the application form, **including** the separate Monitoring Questionnaire and Declaration and Consent Form.

### OFFICE USE ONLY

Post applied for:		Candidate ref no.:	
Nursing Home / Domiciliary Care Unit:		Date application received:	

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

## Section 1 Personal details

Title:

Forename(s):  Surname:

Home address:

Postcode:

Home telephone No.:

Mobile telephone No.:

Email address:

Do you need a work permit to work in the UK?      Yes      No

*Note: The Company will require proof of this right before an offer of employment can be confirmed – e.g. Birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996.*

Do you hold a current full UK Driving Licence?      Yes      No

## Section 2 Current or most recent employment

Post title:

Period of  
employment:

From:

To:

Name of employer:

Address:

Postcode:

Telephone:

Brief outline of duties:

Notice period:

Last day of service:

Reason for leaving:

## Section 3 Previous employment

Please give details of employment (paid or unpaid) over the last 10 years. Please give your **most recent first**, and use a continuation sheet if necessary. Should there be any gap in employment, please state why.

Post title:

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Period of employment:

From:	To:
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Name of employer:

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Address:

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<b>Postcode</b>
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Summary of duties:

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Reason for leaving:

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Post title:

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Period of employment:

From:	To:
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Name of employer:

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Address:

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<b>Postcode</b>
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Summary of duties:

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Reason for leaving:

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Post title:

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Period of employment:

From:	To:
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Name of employer:

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Address:

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<b>Postcode</b>
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Summary of duties:

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Reason for leaving:

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## Section 4

## Qualifications & professional membership

### EDUCATION *(Held or working towards)*

Please give details of all qualifications obtained, along with the grade and date achieved. Please give your most recent first.

School / College / University	Level / Stage e.g. GCSE, A, RSA etc.	Subject	Result obtained	Date obtained (month and year)

### PROFESSIONAL QUALIFICATION(S) *(Held or working towards)*

Professional Body / College / University	Dates		Results obtained	Date obtained
	From	To		

**SPECIALISED TRAINING OR COURSE(S) ATTENDED**

Course taken	Organised by	Location	Date of completion

**MEMBERSHIP OF PROFESSIONAL BODIES**

Name of Professional Body (e.g. NISCC, NMC, HPC)	Level / Type of membership	Registration Details (e.g. Part of Register, PIN Number)	Expiry Date

**NB:** In line with legislation, all applicants for Social care positions in Nursing Home settings should be aware that compulsory registration with the Northern Ireland Social Care Council will form part of any conditional offer of employment. This must be confirmed within the first 6 months of employment, in line with company policy.

## Section 5 Personal statement

### ABILITIES, SKILLS, KNOWLEDGE AND EXPERIENCE

*Please ensure when completing this section that you demonstrate how you meet the requirements as detailed in the person specification.*

**Abilities**

**Skills**

**Knowledge**

**Experience**

## Section 6 Special requirements

Do you require any special arrangements to be made to assist you if called for interview?

**Yes**

**No**

If yes, please provide details:

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## Section 7 References

*Please give details of two referees, **one of which must be your current or most recent Line Manager or school / college.** References from family or friends are not acceptable.*

Reference 1 – most recent employer	Reference 2
<b>Name:</b>	<b>Name:</b>
<b>Job title:</b>	<b>Job title:</b>
<b>Organisation:</b>	<b>Organisation:</b>
<b>Address:</b>	<b>Address:</b>
<b>Postcode:</b>	<b>Postcode:</b>
<b>Tel no:</b>	<b>Tel no:</b>
<b>Email address:</b>	<b>Email address:</b>
<b>Are you willing for this referee to be approached prior to the interview?</b>  <p style="text-align: center;">Yes                      No</p>	<b>Are you willing for this referee to be approached prior to the interview?</b>  <p style="text-align: center;">Yes                      No</p>

## Section 8 Declaration of convictions

*See attached – Declaration and consent form.*

## Section 9 Medical questionnaire

1. Have you at any time suffered or sustained any major illness or injury that would affect your ability to perform duties required by the role?

**Yes / No**

If yes, please give details

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Do you, or have you ever suffered from any of the following?:

- |  |                 |
|--|-----------------|
| 2. Epilepsy or disease of the nervous system                   | <b>Yes / No</b> |
| 3. Skin disease, dermatitis or eczema                          | <b>Yes / No</b> |
| 4. Bronchitis, asthma or tuberculosis                          | <b>Yes / No</b> |
| 5. Back trouble e.g. slipped disc, lumbago, strain or Sciatica | <b>Yes / No</b> |
| 6. Heart disease or circulatory problems                       | <b>Yes / No</b> |
| 7. Fainting attacks or dizziness                               | <b>Yes / No</b> |
| 8. Arthritis, rheumatism                                       | <b>Yes / No</b> |

### IMPORTANT

If you have any conditions that are managed but may require emergency assistance at any time please make management aware upon commencement of work.

Example: allergy that may result in anaphylactic shock and require use of EpiPen.

If you have any condition that requires reasonable adjustment please also make management aware upon commencement of work.

Example: requirement for powder free vinyl gloves due to latex allergy.

Please declare if you have any mental health conditions that could potentially affect your ability to fulfil the role for which you are applying, to allow for any reasonable adjustment necessary.



## Section 10 Declarations

*Please ensure that you sign and date this declaration before returning your application form, along with the "Declaration and consent form" and "Monitoring Form".*

### **DATA PROTECTION ACT DECLARATION**

The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.

I understand that the information is being used to:

- Process my application for employment;
- Form the basis of a computerized record on the recruitment system for processing and monitoring purposes;
- Form the basis of a manual job file with other application forms and will be used for processing;
- If appointed, form the basis of a manual and computerised employment record.

I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in the withdrawal of any conditional offer made, or dismissal or other disciplinary action if I am appointed.

**Signed:**

**Date:**

**Print  
name:**

**Please note** All information received will be dealt with in confidence, consistent with our commitment to safeguarding vulnerable adults.

## For office use only:

<b>Applicant unsuccessful:</b>			
Letter sent:		Monitoring records updated:	
<b>Applicant successful:</b>			
Interview date:		Temp / Perm / Relief:	
Job title:		Rate of pay:	
Letter of offer sent:		ID and registration documents checked and photocopied:	
Date AccessNI paid and posted:		Date AccessNI returned:	
Date references posted:		Both references returned:	
Start date:		Contract of employment issued:	
<b>Application held on reserve:</b>			
Date placed on reserve:		Length of reserve list:	

## Declaration and consent

PRIVATE & CONFIDENTIAL

*This form must be separated and returned along with your application.*

We are committed to safeguarding vulnerable adults and to ensuring equal opportunities for all applicants. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered materially relevant to the position applied for.

You have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007. It also falls within the definition of an 'excepted' position under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979. This means that you **must** tell us about **all** offences and convictions, including those considered 'spent'.

If you have received a formal caution or are currently facing prosecution for a criminal offence you should also bring this to our attention given the "excepted" nature of the role. If you leave anything out it may affect your application.

This information will be verified through an AccessNI **Enhanced Disclosure Check (EDC)** if you are considered to be the preferred candidate and are being offered the position. The EDC will tell us if you have a criminal record or if your name has been included on the Children's Barred List and/or Adult's Barred List. It is to make sure that individuals who are considered a risk to vulnerable adults and/or children are not appointed. Please note that successful candidates will have to pay a non-refundable administration fee, which is currently £33, for the completion of the EDC conducted under our vetting process. Details regarding payment will be included in any formal written offer of employment.

The information received will be treated confidentially and will be assessed alongside normal selection criteria to determine suitability for the position. A separate meeting will be held with you if clarification is required to discuss any issues around your disclosure before a final decision is reached. After the decision has been made the information will be destroyed.

A copy of the Access NI Code of Practice and Manor Healthcare's policy on Recruitment of Ex-Offenders will be made available to all applicants on demand.

Please complete the attached form and return it with your application. The form also asks you to give your written consent to the AccessNI EDC, and agree to further enquiries being made relevant to the declaration, which will only be obtained if you are the preferred candidate. If you do not consent we will not accept your application.

Applicants can also submit a separate statement of disclosure if they wish. This may include details such as particular circumstances around the conviction(s); how the circumstances may have changed; and what has been learnt from the experience. Applicants can contact the Northern Ireland Association for the Care and Rehabilitation of Offenders (NIACRO) for more information.

# Declaration of criminal convictions, cautions and bind-over orders

*Please circle the appropriate response.*

**Is there any reason why you cannot work in regulated activity?**

**YES**

**NO**

If yes, please give details

**Do you have any prosecutions pending?**

**YES**

**NO**

If yes, please give details

**Have you ever been convicted at a court or cautioned by the police for any offence?**

**YES**

**NO**

If yes, please list below details of all convictions, cautions or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

## **Declaration of Abuse Investigation(s)**

**Have you ever been the subject of an Adult of Child Abuse investigation which alleged that you were the perpetrator of any adult or child abuse?**

**YES**

**NO**

If yes, please list full details below indicating the name of police unit or HSC Trust involved in the investigation. If possible, please provide the approximate date(s)

**DECLARATION AND CONSENT**

I declare that the information I have given is complete and accurate. I understand that I will be asked to complete an AccessNI Disclosure Certificate Application Form if I am considered to be the preferred candidate and I consent to the Enhanced Disclosure Check being made, and I agree to enquiries relevant to the declaration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Any surname previously known by: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Candidate  
Ref No:



# MANOR HEALTHCARE LIMITED

## Monitoring Questionnaire

PRIVATE & CONFIDENTIAL

Candidate  
Ref No:

*This questionnaire must be separated and returned with your application.*

Application for the post of:

### INTRODUCTION

We are an Equal Opportunities Employer. We do not discriminate against our job applicants or employees and we aim to select the best person for the job.

We monitor the community background and sex of our job applicants and employees in order to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the Fair Employment and Treatment (NI) Order 1998.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer these questions. Your answers will be used by us to prepare and submit a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

### COMMUNITY BACKGROUND

Regardless of whether they actually practice a religion, most people in Northern Ireland are perceived to be members of either Protestant or Roman Catholic communities.

**Please indicate the community to which you belong by ticking the appropriate box below:**

I am a member of the Protestant community

I am a member of the Roman Catholic community

I am a member of neither the Protestant or Roman Catholic community

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

*If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form / personnel file.*

### SEX

**Please indicate your sex by ticking the appropriate box below:**

Male

Female

**Note:** *If you answer this questionnaire you are obliged to do so truthfully as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.*