

**PR10 - Recruitment Pack – Individual Applicant Pack**

**APPLICATION FORM**

**Aims Care Limited T/A Leighton House Nursing Home**

**Burgh Heath Road  
 Epsom  
 Surrey  
 KT17 4NB**

**01372 720 908**



**The recruitment process within this organisation has a minimum of two stages.**

- The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS.

<b>Position applied for:</b>	
<b>Approx. no. of hours wanted:</b>	
<b>Full-time / part-time</b> (please circle which you want to work)	<b>Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only</b> (please circle which you are able to work)
<b>Surname:</b>	<b>First name(s):</b>
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
<b>Current address:</b>	
Post code:	Moved to this address on (date):
<b>Previous address</b>  Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
<b>Telephone number (home):</b>	Telephone number (work - <i>will be used with discretion</i> ):
Own Transport (Yes/No):  How long has your licence been held?	Clean current driving licence:  Endorsements:
<b>Details:</b>	<b>Date of Birth:</b>

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**EDUCATION**

School/College/University	Examinations Passed/Qualifications Gained
	<i>(Please supply copies of certificates)</i>

**TRAINING HISTORY/PROFESSIONAL STATUS**

Date of Graduation/Qualification	Results	Location/Details
	<i>(Please supply copies of certificates/membership details)</i>	

**ADDITIONAL COURSES ATTENDED**

Subjects	Results	Location

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**EMPLOYMENT HISTORY**

- Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

<b>Name and address of your most recent/last employer:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Name and address of employer prior to the employer listed above:</b>	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<b>Other roles</b> (use additional sheet if necessary):	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home.

Please use sheet below if insufficient space is available.

**Aims Care Limited T/A Leighton House Nursing**  
**Home** Burgh Heath Road, Epsom, Surrey, KT17 4NB  
Phone: 01372 720 908, Fax: 01372 745647

**Reviewed:**  
08/05/2017  
**Amended:**  
29/04/2016

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**ASSISTANCE WITH INTERVIEW AND ASSESSMENT**

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?	
Yes / No	
If yes, please give details:	
This information will not be used in reaching a decision on whether to offer employment.	
Any offer of employment may be made subject to a satisfactory medical report.	
GP's name:	
Tel no:	
Address:	
<i>(Your GP will never be contacted without your permission)</i>	

**NEXT OF KIN DETAILS**

Full name:	
Relationship:	
Tel no:	
Address:	

**NURSE / IDENTITY DETAILS**

Nursing and Midwifery Council PIN number: (Nurses only)	
National Insurance Number: (all applicants)	

**CAPACITY TO WORK IN THE UK**

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No ( <i>circle as appropriate</i> )
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No ( <i>circle as appropriate</i> )

**Note:** Minimum age legislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

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**REFEREES**

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

**A) Current or most recent employer**

REF1 Full Name:	
Address:	Email Address(s):
Post code:	County:
Tel No:	Mobile No:
Job title:	

**B) Previous employer to the one above**

REF 2 Full Name:	
Address:	Email Address(s):
Post code:	County:
Tel No:	Mobile No:
Job title:	

**C) Character reference**

REF 3 Full Name:	
Address:	Email Address(s):
Post code:	County:
Tel No:	Mobile No:
Relationship to you:	

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**CRIMINAL RECORD (DBS CHECK)**

Workers of The Home are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

Please note, you may not be eligible for work in a care setting if you are on the DBS Register(s).

<b>Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.</b>			
<b>Current Convictions:</b>	<b>5 Years address history:</b>	<b>From</b>	<b>To</b>
	1:		
	2:		
	3:		
	4:		
	5:		
<b>SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING</b>			
<p>I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.</p> <p>I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.</p> <p>I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Aims Care Limited T/A Leighton House Nursing Home to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.</p> <p>I have enclosed a payment of £30.00 for my DBS check to be carried through. A further £35.00 will deducted from the first payslip.</p>			
<b>Signed:</b> _____		<b>Date:</b> _____	



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**EMPLOYMENT CONTINUITY CHECK**

- Use the “Timeline” below to place any gaps in employment for discussion during the interview.
- The period considered must be the whole working life of the applicant, to date.

To Date:	From Date:	Reasons for gaps in employment	Official use only

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**MEDICAL QUESTIONNAIRE**

The following information will be treated in the strictest confidence. (Please complete this section in Block Capitals)

Please answer the following questions. If the answer is YES then please provide full details.

Have you at any time suffered from the following conditions:

**PLEASE CIRCLE YOUR ANSWER**

<b>ALLERGIES</b>		<b>GENITO - URINARY</b>		<b>NEUROLOGICAL</b>	
Allergies	YES/NO	Kidney Stones	YES/NO	Dizzy Spells	YES/NO
Asthma	YES/NO	Pain on Urination	YES/NO	Epilepsy	YES/NO
Hay Fever	YES/NO	Sugar/albumen urine	YES/NO	Fainting attacks	YES/NO
				Paralysis	YES/NO
				Severe Headaches	YES/NO
<b>CARDIOVASCULAR</b>			<b>MISCELLANEOUS</b>		
Chest Pain	YES/NO	Anaemia	YES/NO	Chronic cough	YES/NO
Heart disorder	YES/NO	Anxiety	YES/NO	Pleurisy	YES/NO
High blood pressure	YES/NO	Blood disorder	YES/NO	Pneumonia	YES/NO
Palpitations	YES/NO	Cancer	YES/NO	Sinusitis	YES/NO
Rheumatic fever	YES/NO	Depression	YES/NO	Tuberculosis	YES/NO
		Diabetes	YES/NO		
		General Debility	YES/NO		
		Insomnia	YES/NO		
		Skin disorder	YES/NO		
<b>DIGESTIVE SYSTEM</b>		<b>MUSCULOSKELETAL</b>		<b>SENSES</b>	
Hernia	YES/NO	Arthritis	YES/NO	Colour blindness	YES/NO
Jaundice	YES/NO	Backache	YES/NO	Ear disorder	YES/NO
Peptic Ulcer	YES/NO	Back Injury	YES/NO	Eye disorder	YES/NO
Rectal Bleeding	YES/NO	Disc Disorder	YES/NO	Nose disorder	YES/NO
		Gout	YES/NO	Throat disorder	YES/NO
		Joint/Tendon disorder	YES/NO		
		Rheumatism	YES/NO		
Have you had:-		Chicken pox	Yes/No		
		Measles	Yes/No		
		Mumps	Yes/No		
Have you been vaccinated					
against the following:-		TB	Yes/No		
		Hep A & B	Yes/No		
		Rubella	Yes/No		
<b>DYSLEXIA</b>					
Reading / Writing difficulties	YES/NO				
<b>LEARNING DISABILITY</b>		YES/NO			
If YES, please provide details			Any other condition not mentioned above:		

If you have answered YES to any of the conditions described above, please provide full details including dates of diagnosis and type of treatment. Please indicate if treatment is on going or has been resolved. Please also include any other information relevant to your health if it has not appeared in this form or that you think might be important for us to know. This information will not be used in reaching a decision on whether to offer employment.

How many days sick leave have you claimed over the past 12 months?	.....Weeks ..... Days
Signed:	Date:



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**IDENTITY CHECK** - Identity is established by clearly ticking one item from sections 1 or 2, and one from section 3.

Original documents only – no photocopies	I confirm that I have seen the original documents, signed for to confirm the identity of the applicant (signed by interviewer)	Date
1. Photographic		
1.a. Passport		
1.b. New Style Driving Licence		
<b>OR</b>		
2. Birth Certificate		
2.b. With the correct name		
2.c. Or in another name, with evidence of change of name		
<b>AND</b>		
3. Proof of Address		
3.a. Utility bill, correct name and address, and < 3 months old, and paid, or		
3.b. Credit card statement, correct name and address, and < 3 months old, or		
3.c. Bank statement, correct name and address, and < 3 months old, or		
3.d. Council tax bill, correct name and address, and < 3 months old		
3.e. Other (specify)		
<p><b>IMPORTANT: PERMANENTLY ATTACH A PHOTOCOPY OF THE ID EVIDENCE PRODUCED TO THE APPLICANTS FILE, AND ONE OF THE RECENT HEAD AND SHOULDER PHOTOGRAPHS PROVIDED. THE OTHER PHOTOGRAPH WILL BE USED FOR THE DBS APPLICATION.</b></p>		

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**SCORE SHEET**

Objective completion of this form is an essential element in discrimination risk management.

Scoring: 5 – FULLY MEETS REQUIREMENTS 1 – SIGNIFICANTLY BELOW REQUIREMENTS		
		<b>SCORE</b>
<b>1. Personal Specification</b>	Appearance	
	Attainments/ Experience	
	Special skills	
	Work attributes	
	Disposition	
	Circumstances	
<b>2. Carer Standards</b>	Service Users	
	Colleagues	
<b>3. Application Form</b>	Training record	
	Employment record	
	Experience	
	Fitness	
<b>4. ID received and satisfactory (interviewer sign):</b>		
<b>5. Documentary evidence of qualifications seen (sign):</b>		
<b>TOTAL SCORE:</b>		

NOTE: It is essential that a decision to offer a post is made BEFORE taking up references, in order to avoid possible discrimination challenge, for which there is no limitation in Tribunal Award. In discrimination proceedings it is the duty of the accused to prove that discrimination did not take place, and the only effective defence is documented process. The offer letter states that the offer is subject to satisfactory references, therefore if any information is subsequently received which casts doubt on the ability of the applicant to satisfactorily carry out the duties of the post with suitable support and changes, a medical assessment can be invoked as per the offer letter.

Interview attendants:

Interviewer 1 name:  
(Compulsary)

Signed:

Interviewer 2 name:

Signed:

Interviewer 3 name:

Signed: