



Lynhales Hall Nursing Home
Lyonshall
Herefordshire
HR5 3LN

Telephone: (01544) 340238 & (01544) 340642 Fax: 01544 340644
Email: admin@lynhales.co.uk www.lynhales.co.uk
Manager: Meg Fallon RGN Administrator: Jackie Whittall

Please attach a current photo of yourself here

INVESTOR IN PEOPLE

Application for Employment As:

CONFIDENTIAL

Personal Details:

Surname:		Forename:		Title (please tick) / Other (please state)			
Maiden Name:		Date of Birth:		Mr	Mrs	Miss	Ms
NI Number:		Telephone Number:				Marital Status:	
Address:							
Length of Time at This Address:						Post Code:	
Car Owner:		Driving Licence Number:		Any Endorsements		If Yes, give details:	
Yes / No		Driving Experience: (Years)		Yes / No			
Uniform Size:							

Education:

Schools:

Training	Qualification

UKCC Registration? PIN No:	Renewal Date:
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Employment History:

Employer	Dates	Reason For Leaving

References:

Please give names and addresses of two contacts from which references may be obtained, both character and experience references. (Preferably your previous/present Manager)

1. Name _____

Address _____

Telephone Number _____

Can we approach them prior to offering job? Yes / No

2. Name _____

Address _____

Telephone Number _____

Can we approach them prior to offering job? Yes / No

Leisure Activities:

Please note here your interests, sports, hobbies, other pastimes, etc.

General Comments:

Please details your specific reasons for this application, your achievements to date and what strengths you would bring to this post:

Health Details:

Name of Doctor _____ Telephone No. _____

Address _____

_____ Post Code _____

Please answer ALL the following questions:

1) Have you ever suffered any of the following:

- | | | |
|----|--|----------|
| a) | Depression anxiety state, nervous illness or breakdown | Yes / No |
| b) | Epilepsy or disease of the nervous system | Yes / No |
| c) | Ailment of lungs or chest | Yes / No |
| d) | Spinal Problems | Yes / No |
| e) | Arthritis, Rheumatism or Gout, etc | Yes / No |
| f) | Any heart or circulatory, including blood, problems | Yes / No |
| g) | Illness of the digestive system | Yes / No |
| h) | Illness of the kidneys, bladders, liver or glands | Yes / No |
| i) | Diabetes | Yes / No |
| j) | Major accident, operation or physical defect | Yes / No |
| k) | Skin disorder | Yes / No |

If you answered yes to any of the above please give details:

2) Are you presently taking medication or undergoing treatment? If so, give details:

3) What is your average daily consumption of?

Alcohol: _____ Tobacco: _____

4) Are you a registered disabled person? Yes / No Reg. No _____

5) Are you on any Industrial Disability Benefit Yes / No

Details _____

6) How many working days have you been absent from work in the last 12 months?
(give reasons)

7) Are you now pregnant? Yes / No

8) Have you ever been refused Insurance due to health reasons? Yes / No

If yes, give details: _____

9) Any additional relevant information:

The Rehabilitation of Offenders Act 1974

This post is one which, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (c), is NOT protected by the Rehabilitation of Offenders Act 1974. You are not entitled to withhold information about convictions, which for other purposes would be regarded as 'spent'. You must, therefore, disclose information about ALL your convictions (if any) in a court of law no matter when they occurred.

Failure to disclose the information asked for below could lead to instant dismissal. Furthermore, you should be aware that making a false declaration could constitute the criminal offence of obtaining/attempting to obtain pecuniary advantage by deception. In such an event, the facts will be reported to the police.

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.

Have you ever been convicted of a criminal offence? Yes / No

Have you ever been investigated by a professional body? Yes / No

If yes to either, please give details: _____

THIS POST IS SUBJECT TO DISCLOSURE

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 immediately terminate any employment contract offered.
- 2) I give the company permission to contact my Doctor for further particulars of my medical records should this be necessary.
- 3) I am prepared to undergo a medical examination if this is required.

Signed: _____ Date: _____

FOR OFFICE USE:

Date of Interview:	ASSESSMENT	Salary:
Take On: Yes / No		Commencement Date:

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Tel: 01544 340238 / 340642

Fax: 01544 340644

E-mail: admin@lynhales.co.uk
megfallon@lynhales.co.uk

www.lynhales.co.uk