

Premier Care Homes

Application Form

TITLE:	Mr / Mrs / Miss / Ms / Other (please specify):
SURNAME:	
FIRST NAME(S):	
MAIDEN NAME:	
PRESENT ADDRESS:	
EMAIL ADDRESS:	
HOME TELEPHONE NO:	
MOBILE TELEPHONE NO:	
PERMANENT ADDRESS: (If different from above)	
GENDER:	
MARITAL STATUS:	Married / Widowed / Divorced / Separated / Single
NATIONAL INSURANCE NO:	

POSITION APPLIED FOR: (Delete as appropriate)	
Nurse / Senior Care Assistant / Care Assistant / Activities Coordinator / Domestic / Laundry Assistant Cook / Kitchen Assistant / Manager / Other	
WORK LOCATION:	Picktree Court / Durham House (Delete as appropriate)

ARE YOU INTERESTED IN PART-TIME OR FULL-TIME EMPLOYMENT?	
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
ARE YOU PREPARED TO WORK SHIFT PATTERNS, INCLUDING NIGHTSHIFT?	
WHAT PREFERENCE OF DUTIES DO YOU HAVE?	
Day Shift <input type="checkbox"/>	Evening Shift <input type="checkbox"/>
Night Shift <input type="checkbox"/>	No Preference <input type="checkbox"/>
HAVE YOU PREVIOUSLY BEEN INTERVIEWED BY PREMIER CARE HOMES LTD AND/OR OFFERED A POSITION WITHIN THE COMPANY?	
WHAT WAS THE OUTCOME OF THE PREVIOUS INTERVIEW/OFFER?	

PLEASE LIST ALL EDUCATION INCLUDING FURTHER EDUCATION:

Name of School / College / University	Dates From	Dates To

QUALIFICATIONS:

Name of School / Establishment	Qualification Gained	Date Awarded

LIST ALL TRAINING COURSES ATTENDED RELEVANT TO THE JOB YOU HAVE APPLIED FOR:

Course Subject	Date Taken	Grade

EMPLOYMENT HISTORY	** Please attach a CV if available **
PRESENT OR MOST RECENT EMPLOYMENT:	
Name of Employer:	
Address of Employer:	
Job Title:	
Date Employment Commenced:	
Weekly Hours/Shifts Worked:	
Hourly Rate of Pay:	
Notice Period:	

PLEASE INCLUDE **ALL** PREVIOUS EMPLOYMENT SINCE LEAVING FULL-TIME EDUCATION

The Care Homes Regulations 2001 require that you inform us of any gaps in your employment record as part of this application for employment.

If there is insufficient space, please continue on a separate piece of paper and attach to this form:

Name of Employer	Date Employed from:	Date Employed To:	Job Title	Salary	Reason for Leaving

IDENTIFY ANY SPECIFIC EXPERIENCE IN RESIDENTIAL CARE OR NURSING HOMES:

HAVE YOU EVER BEEN RELEASED FROM EMPLOYMENT FOR REASONS OTHER THAN REDUNDANCY (**YES / NO**): IF YES, PLEASE INDICATE REASON FOR RELEASE:

REFERENCES:

Please provide the **name** and **address** of **two** referees. Your professional referee must be your **current employer or most recent employer if you are unemployed**. Your personal referee must **not** be a relative.

Professional Reference

Title: Mrs / Ms / Miss / Mr

Name of Referee:

Company Name:

Job Title:

Email Address:

Address:

Post Code:

Tel No:

Personal Reference

Title: Mrs / Ms / Miss / Mr

Name of Referee:

Relationship to You:

Length of Time has Known You:

Email Address:

Address:

Post Code:

Tel No:

PERSONAL HEALTH BACKGROUND
Present Health:
Date of last medical and result:
Are you currently receiving any treatment for any medical condition? YES / NO
Are you aware of any physical, mental or health reasons that would preclude or limit you from working in a Care Home with Vulnerable Adults? YES / NO
Can you confirm you are mentally and physically fit to do the job that you have applied for? YES / NO (If no, please state the reason)
Can you confirm that you have received two doses of the COVID-19 Vaccination, and that you are able to provide an NHS COVID Pass to evidence this? YES / NO

NURSING TRAINING / QUALIFICATIONS: (If relevant)	
Name and address of training school:	Agency / Pin number:
Date of training:	Number and Date of register/roll:
Proof of original GNC/UKCC certificates etc. is required to be seen before employment can commence.	

POLICE CHECK & GENERAL	
ARE YOU ABLE TO IMMEDIATELY LEGALLY WORK IN THE UK?	YES / NO
TO LEGALLY WORK IN THE UK, DO YOU REQUIRE A VISA/WORK PERMIT? YES / NO	
If yes, please provide details of visa type:	
Note: we are legally obliged to ask you to provide evidence of your right to live and work in the UK.	
DO YOU HOLD A FULL UK DRIVING LICENCE?	YES / NO
Note: a driving licence is only required for some roles and will not prevent your application being considered.	

HAVE YOU EVER BEEN CAUTIONED, REPRIMANDED, INVESTIGATED OR CONVICTED OF A CRIMINAL OFFENCE? YES / NO	
If yes, please provide details:	
ARE YOU CURRENTLY UNDER ANY INVESTIGATION FROM THE POLICE OR SAFEGUARDING ADULTS TEAM OR WAITING TO GO TO COURT? YES / NO	
If yes, please provide details:	

*** Please note that, because of the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (exemptions) order 1975.

Premier Care Homes aims to promote equality of opportunity for all with the right mix of talent, skills and potential. Premier Care Homes considers applications from diverse candidates. Criminal records will be considered and taken into account for recruitment purposes only. Due to the nature of work, you will be asked to disclose all convictions which are 'spent' under the rehabilitation of Offenders Act 1974. Having an 'unspent' conviction will not necessarily bar you from employment. This will depend on the circumstances and background to your offence(s).

As Premier Care Homes meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment will be subject to a criminal record check from the Disclosure and Barring Service before a decision is made on suitability for employment and the appointment is confirmed. This DBS check will verify and include details of cautions, reprimands and final warnings, as well as convictions.

** A Code of Practice sheet available from our umbrella organisation that establishes DBS documentation is available upon request. **

HOW MANY DAYS SICKNESS ABSENCE HAVE YOU HAD IN THE LAST 2 YEARS?
(PLEASE INCLUDE DATES AND REASON FOR EACH ABSENCE).

IS THERE ANY OTHER INFORMATION YOU WISH TO PROVIDE IN ORDER TO SUPPORT
YOUR APPLICATION FOR EMPLOYMENT WITH PREMIER CARE HOMES?

WHY DO YOU WISH TO APPLY FOR A POSITION WITH PREMIER CARE HOMES?

DECLARATION:

I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND I UNDERSTAND THAT IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION IN ORDER TO GAIN EMPLOYMENT. I ALSO ACCEPT THAT PROVIDING DELIBERATELY FALSE INFORMATION COULD RESULT IN MY DISMISSAL. BY SIGNING THIS DOCUMENT I GIVE CONSENT FOR MY PERSONAL DATA TO BE USED FOR THE PURPOSES OF RECRUITMENT AND POTENTIAL EMPLOYMENT IN LINE WITH THE COMPANY'S DATA PROTECTION (GDPR) POLICY.

SIGNED:

DATE:

PRINT NAME:

Please return your completed application form to the Care Home that you are applying to:

**The Manager
Premier Care Homes Ltd
Durham House Residential Care Home
Mains Park Road
Chester le Street
Durham
DH3 3PU**

**HR Department
Premier Care Homes Ltd
Picktree Court Care Home
Picktree Lane
Chester le Street
Durham
DH3 3SP**

admin@premiercarehomes.co.uk

EQUAL OPPORTUNITIES MONITORING FORM

PLEASE COMPLETE THE DETAILS BELOW. THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE AND WILL NOT BE USED AS PART OF THE SELECTION PROCESS.

Surname:	
First name(s):	
Post Title:	
Post Location:	
Date of Birth:	Age at time of application:

GENDER

Please tick one appropriate box below:

Male		Female	
Transgender			

ETHNIC ORIGIN

Please tick one appropriate box below:

Ethnic Origin	
White: British	
White: Irish	
White: Other	
Mixed: White & Black Caribbean	
Mixed: White & Black African	
Mixed: White & Asian	
Mixed: Other	
Asian or Asian British: Indian	
Asian or Asian British: Pakistani	
Asian or Asian British: Bangladeshi	
Asian or Asian British: Other	
Black or Black British: Caribbean	
Black or Black British: African	
Black or Black British: Other	
Chinese	
Other Ethnic Group	
Do not wish to disclose	

DISABILITY

D1 Do you consider yourself to be disabled within the meaning of the Disability Discrimination Act?

The Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment that has a substantial long term adverse impact on his or her ability to carry out day to day activities.

Yes		No	
Do not wish to disclose			

D2 Please tick any of the following that applies to you. You may tick more than one category.

Hearing impairment		Reduced physical capacity, including difficulty with physical co-ordination	
Speech impairment		Severe disfigurement	
Visual impairment (not corrected by glasses or contact lenses)		Mental illness	
Reduced mobility		Learning difficulties	
Progressive condition (e.g. cancer, muscular dystrophy)		Dyslexia	
Other (Please specify)			
Do not wish to disclose			

MARITAL STATUS

Please tick the box that applies to you:

Married	
Single	
Divorced	

Widowed	
Civil Partnership	
Do not wish to disclose	

RELIGION, BELIEF AND NON-BELIEF

Please tick the box that applies to you

Christianity	
Hinduism	
Islam	
Buddhism	
Other (please state below)	

Judaism	
Sikhism	
Rastafarianism	
None	
Do not wish to disclose	

SEXUAL ORIENTATION

Please tick the box that applies to you

Lesbian	
Homosexual	
Do not wish to disclose	

Bisexual	
Heterosexual	

OTHER NEEDS

Is there anything else that we need to know to treat you fairly and equally?

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HOW DID YOU HEAR ABOUT THIS VACANCY?

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