

## Ashwood House Private Nursing Home:

Address: - 2-10 Ashgrove Rd- Newtownabbey-BT36 6LJ Telephone No: - 02890 837270

**For office use only**

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| Access NI link sent |  | Access NI received date      |  |
| Access NI no:       |  | Access NI doc list completed |  |

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| Position applied for: |  | Ref no: |  |
|-----------------------|--|---------|--|

**Application form - Please complete in Black ink only.**

**Thank you for your interest in applying for the above position, once you have completed the application form Please return it to the address above on or before the closing date.**

**Personal details**

|                |  |                        |  |
|----------------|--|------------------------|--|
| Surname:       |  | First name             |  |
| Address:       |  | Town                   |  |
| Post code:     |  |                        |  |
| Home Tel no:   |  | Mobile no:             |  |
| E-mail address |  | National Insurance no: |  |

**Do you hold a current driving license: yes/no**

**Under the terms of the disability discrimination act 1995 which defines disability where he/she has a physical or mental impairment which has substantial and long term effect on his or her ability to carry out normal day to day activity. Based upon the above definition have you currently or in the past had a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activity? Yes/no**

**Are you a registered disabled person? Yes/no**

**If yes please state your R.D.P number: \_\_\_\_\_**

**Is your application for full-time or part-time employment: \_\_\_\_\_**

**Please state the hours you are available to work: nights/days/mornings/afternoons/evenings**

**Please give details of any holiday commitments. Start date: \_\_\_\_\_ finish date: \_\_\_\_\_**

**How much notice must you give your present employer: weeks: \_\_\_\_\_**

**Do you have a right to work in the UK: please provide share code: \_\_\_\_\_**

**Qualifications**

| Place of education | 'GCSE' level or Equivalent (subjects) | Grade | Year | 'A' level or Equivalent (subjects) | Grade | Year |
|--------------------|---------------------------------------|-------|------|------------------------------------|-------|------|
|                    |                                       |       |      |                                    |       |      |
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**Further education:**

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**Career (please provide all employment history)**

**Please ensure that all gaps between employment is accounted for, including periods of unemployment etc..**

| Name & address of Employer | Position held and outline of duties | Start Date<br>dd/mm/yy | Leaving Date<br>dd/mm/yy | Reason for Leaving | Final Salary |
|----------------------------|-------------------------------------|------------------------|--------------------------|--------------------|--------------|
|                            |                                     |                        |                          |                    |              |
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**Have you ever been dismissed from a previous employment? Yes / no      if yes please comments:**

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Please use the space below for details of any other information which you may feel would support your application and which you may consider relevant.

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**Registered staff only**

Where did you train: \_\_\_\_\_ Surname registered if different: \_\_\_\_\_

What qualification did you gain; \_\_\_\_\_

Are you registered with the NMC or NISCC? Yes / no

Initial date of registration: \_\_\_\_\_

Registration no or pin no: \_\_\_\_\_ expiry date: \_\_\_\_\_

Do you have any pending proceedings: y/n

If yes please give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referees**

Please give the names, addresses and telephone numbers of two people who may be contacted to provide references one of whom must be your last employer, the other a previous employer, relatives must not be used.

| Reference 1 (from most recent previous employer) | Reference 2 |
|--|-------------|
| Name:  | Name:       |
| Address:   | Address:    |
|  |             |
| Tel no:  | Tel no:     |
| Email:   | Email:      |

I confirm that any convictions I have are as detailed above and that I never been referred to either POCVA or the NISCC in relation to any vulnerable adult issue.

I confirm that the information given is accurate and i understand that any false information or deliberate omissions may disqualify me from employment or may render me liable to disciplinary action including dismissal.

Signed: \_\_\_\_\_

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

**Information about and consent to the protection of children (POC) (NI) and/or vulnerable adults (POVA) (NI) service/s check by applicants for posts involving work with children and/or vulnerable adults**

**You have applied for a post which is governed by the protection of children and vulnerable adults (Northern Ireland) order 2003. Before appointing anyone to such a post, it is our policy to ask for the relevant check to be carried out by the department of health, social services and public safety (DHSSPS). This check is to make sure that individuals who might be a risk to children and/or vulnerable adults are not appointed.**

**The check will tell us if you have a criminal record, or if your name is included on the DHSSPS disqualification from working with children list or included on the de list and/or the DHSSPS disqualified from working with vulnerable adults list. Any information received will be treated confidentially, and we will talk to you about it before a final decision is reached. After the decision is made the information will be destroyed. (Employment/nursing agencies and employment businesses will retain this information for 12 months).**

**A check will only be carried out if you are considered to be the preferred candidate and are being offered an appointment. You must tell us now if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You must tell us about all offences, even minor ones such as motoring offences, and 'spent' convictions, that is, things which happened a long time ago. If you leave anything out it may affect your application.**

**Please complete the section below and return it with your application. The form also asks you to give your written consent to the check. If you do not consent we will not accept your application.**

**Consent to \*POC (NI) check and/or \*POVA (NI) check (\*delete one if necessary)**

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**Do you have any prosecutions pending    yes/no  
(If yes give please give details)**

\_\_\_\_\_

**(Continue overleaf if necessary)**

**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.**

\_\_\_\_\_

**(Continue overleaf if necessary)**

**Have you ever been the subject of an adult or child abuse investigation? Yes/no  
If yes, please list full details below. If possible please provide the approximate date/s.**

\_\_\_\_\_

**(Continue overleaf if necessary)**

**I understand that a POC (NI) and/or POVA (NI) service check/s (as specified above) must be carried out before an offer of appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Confidential Medical Questionnaire**

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_ Telephone no: \_\_\_\_\_

1. Are you currently receiving medical treatment: yes/no
2. Have you ever had a chest x-ray yes/no if yes please state when: \_\_\_\_\_  
What was the result: \_\_\_\_\_

3. Please tick if you have suffered from any of the following:
- Asthma: \_\_ diabetes: \_\_ epilepsy: \_\_ heart disease: \_\_ nervous or mental illness: \_\_
- Rheumatic fever: \_\_ stroke: \_\_ tuberculosis: \_\_

4. Have you ever had any other form of serious illness or operation? : yes/no
5. Do you have a sight defect? : Yes/no do you wear glasses? : yes/no
6. Do you have a hearing defect? : Yes/no do you wear a hearing aid? : yes/no
7. Have you any infection of your skin, ear, throat, nose or bowel? Yes/no
8. If you have answered yes to any of question 1,3,4 or 7 please give detailed information as to the nature of the illness/treatment and include dates.
- \_\_\_\_\_
- \_\_\_\_\_

9. Have you had any sickness extending over three days in the last two years yes/no  
Please state the number of periods and the dates and durations as well as the nature.
- \_\_\_\_\_
- \_\_\_\_\_

10. Name and address of your doctor:
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_

11. Are you a registered disabled person? Yes/no  
If yes please state registration number and the nature of your disability: \_\_\_\_\_

I declare that to the best of my knowledge my answers to the above questions are correct and I am not suffering from any illness the presence of which I have not revealed. I would also confirm that I am medically fit to undertake the work I have applied for.

Signature: \_\_\_\_\_ date: \_\_\_\_\_