



Springhill Care
your care, your way

CONFIDENTIAL JOB APPLICATION FORM

Please complete & return in the stamped addressed envelope provided

Please note that the information to employment in this establishment will be vetted for security purposes.

Division:			
Position Applied for:	Reference:	Closing Date:	
Full Time []	Part Time []	Bank []	Temporary []

This form should be completed in BLACK INK

Have you previously applied for any post within Springhill Care Group / Affinity? Yes/No	
If yes to previous question, Post Applied for:	Date: ____ / ____ / ____
Where did you see / hear about this vacancy?	

PERSONAL DETAILS

Full Name:	Previous Names: (If applicable)
Permanent Address:	
Post Code:	
Telephone Day:	Evening:
Mobile Number:	
E-Mail Address:	
National Insurance Number:	

Do you need a work permit to Work in the UK? Yes / No		Current Registration Number:	
Do you possess a Driving Licence? Yes / No	Do you own a car or have access to a vehicle? Yes / No	Please note any endorsements:	
Have you any commitments that may limit your working hour's i.e. Military reserve, Local Government? Please state;			
Do you have any holidays arranged? <i>If yes when?</i> From: ____ / ____ / ____ To: ____ / ____ / ____			

PRESENT EMPLOYMENT

Name and address of Employer:	
Position held and dates of employment: Position:..... From:.....To:.....	
Key responsibilities and achievements:	
Notice Period:	Salary per year/Hourly Rate:
Reason for leaving (<i>if appropriate</i>):	

PREVIOUS EMPLOYMENT

Please record below your full employment history, starting with your current/most recent employer.

Please attach a further sheet if necessary.

Please explain any gaps in employment in the supporting information section.

Name and address of Employer:
Key responsibilities and achievements:
Reason for leaving:
Position held and dates of employment: Position:..... From:.....To:.....

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Position:..... From:.....To:.....

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Reason for leaving:

Name and address of Employer:

Position held and dates of employment:

Position:..... From:.....To:.....

Key responsibilities and achievements:

Reason for leaving:

EDUCATION / QUALIFICATIONS AND TRAINING

Please start with the most recent first and include all relevant qualifications and training courses attended. Including Nurses ENB Certification, NVQ, GNVQ, D32/33,A1/V1

Name / Address of School / College / University / Teaching Hospital:					Dates attended:	
Training Courses Attended:						
Qualifications + Grades obtained:						
(Nurses only) Name of College	From	To	PIN No	Expiry Date	Which Part of Register	
(Nurses Only) NMC Information NMC PIN NO:..... Expiry Date: ____ / ____ / ____ Have you ever been cautioned by NMC / UKCC? Yes / No Do you have a case pending with the NMC? Yes / No <i>If Yes please give details:</i>						
Have you ever been referred to the Protection of Vulnerable Adults Register (POVA)? Yes / No <i>If Yes please give details:</i>						

DISCLOSURE OF CONVICTIONS

In order to protect vulnerable groups, there are a number of posts that are exempt from the provisions of the Rehab of Offenders Act 1974 (exceptions) order 1975, as amended by the amendment orders 1986. Applicants applying for posts that involve contact with any service user/resident must declare whether they have any unspent convictions.

The information given is in confidence and will be considered in relation to the post.

If your application is successful, we are required to obtain a Disclosure and Barring Service Certificate which will provide you with a record of all unspent convictions and also whether you are barred from working with adults or children. Your employment will be subject to satisfactory checks.

**HAVING A CRIMINAL RECORD WILL NOT AUTOMATICALLY BAR
YOU FROM WORKING FOR SPRINGHILL.**

This will depend on the nature of your position and the circumstances and background of your offences.

Springhill observes the Guidance for Employers issued by the Disclosure and Barring Service.

Do you have any unspent convictions?

Yes / No: *If yes, please give details below:*

Do you have any pending prosecutions?

Yes / No: *If yes, please provide full details, including the nature of the offence, the date of the alleged incident and any court hearing date, if you are aware of any, and whether you intent to plea guilty or not guilty:*

Have you been subject to a Safeguarding Referral? **Yes / No**

Have you been barred from working with adults or children? **Yes / No**

Have you previously used, or do you currently use, any other first names or surname(s)?

Yes / No: *If yes, state the other surname(s) use(d)* _____

Have you ever been dismissed or asked to resign from any employment?

Yes / No: *If yes, please give details below*

Signed: _____

Date: ____ / ____ / ____

RELATIONSHIPS

Have you relatives or close companions that work for Springhill? Yes / No (if yes please specify)		
Name	Date	Post Occupied

REFERENCES

References must include your present or most recent employer. Both referees should be able to comment on your career. They must not be related to you.

Present or most recent employer

Name:	
Position:	
Organisation:	
Address:	
Telephone:	
Can the referee be approached prior to Interview? Yes / No	

Second referee

Name:	
Position:	
Organisation:	
Address:	
Telephone:	
Can the referee be approached prior to Interview? Yes / No	

Next of Kin/contact in case of an emergency

Name:	
Address:	
Telephone:	
Relationship:	

Name:	
Address:	
Telephone:	
Relationship:	

DECLARATION

I hereby declare the information given by me in this application form is, to the best of my knowledge true and accurate. I further understand and accept that if any of the information given is incorrect or untrue, that the company reserves the right to immediately terminate my employment with them.

Signed: _____

Date: ____ / ____ / ____

SUPPORTING INFORMATION

Please use the space below to give any other information you think appropriate to support your application. This should include Experience, Skills and Knowledge gained in employment voluntary work or elsewhere.

Please also include any gaps in your employment (*Page 3*)



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GUIDANCE NOTES

Please read the job advertisement, job description and person specification before completing the application form.

It may help you to write out a rough copy first as this gives you the opportunity to clarify your ideas and avoid mistakes later.

This form should be completed in BLACK ink for photocopying purposes.

When completing the application form, please note the essential and desirable criteria in the person specification / job description and show in your application how you have that particular experience or ability.

All applicants, including those working for the group, will only be short listed if they demonstrate clearly that they meet the essential criteria.

Please ensure your referees include your present or last employers. If you do not have a present and / or previous employer, please use people you have known in other settings e.g. family doctor, head teacher, but not friends or relatives.

CV's will not normally be considered. In line with our equal opportunities policy, we will give primary consideration to the information that is requested in the application form. However a CV may be attached to supplement the information provided.

If you are applying for a post involving contact with our residents / service users, please pay special attention to the sections on convictions. All posts in are exempt under the Rehabilitation of Offenders Act 1974. This means that if you are applying for one of these posts you are required to list all convictions you may have received.

Please complete the equal opportunities monitoring form.

Application must be received by 12 noon on the published closing date or they will not be considered.

Riversway Nursing Home

Crews Hole Road, St George, Bristol, BS5 8GG

Tel: 0117 955 5758 Fax: 0117 954 0145

www.riverswaycare.com ♦ info@riverswaycare.com