APPLICA	FION FORM
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Ringdufferin Nursing Home Ringdufferin Road ,Toye, Killyleagh Downpatrick ,BT30 9PH

Position Applied for_____

ALL QUESTIONS MUST BE FULLY ANSWERED

Title: (Mr, Mrs, Miss, Ms):			
First Name(s):			
Surname:			
Maiden Name:			
Date of Birth:			
Place of Birth:			
Address:			
-	Postcode		
How long have you lived at this addre	ss?		
If less than five years, please give previous address:			
	Postcode		
Have you ever lived outside the United Kingdom? YES: NO:			

Tel No:			
Mobile Tel No:			
Email:			
Are you registered with any regulatory body:			
(ie: NISCC OR NMC OR OTHER)			
Registration Number			
Do you hold a current driving licence?		YES	NO
Are you a car owner?		YES	NO
Are you prepared to work:		FULL TIME	PART TIME
What date are you available to start work?			
		a knowledge of ve	ur present or most re
Please name two suitable* referees, at least one of w as your Line Manager/Employer. (Relatives should r			
	not be named as r	referees).	
as your Line Manager/Employer. (Relatives should r	not be named as r Title (Mr, M	referees).	
as your Line Manager/Employer. (Relatives should r (Mr, Mrs, Miss, Ms, Dr)	not be named as r Title (Mr, M Name:	referees). Irs, Miss, Ms, Dr)	·
as your Line Manager/Employer. (Relatives should r (Mr, Mrs, Miss, Ms, Dr) Name:	not be named as r Title (Mr, M Name: Occupation:	referees).	·
as your Line Manager/Employer. (Relatives should r (Mr, Mrs, Miss, Ms, Dr) Name: Dccupation:	not be named as r Title (Mr, M Name: Occupation: Address _	referees).	
as your Line Manager/Employer. (Relatives should r (Mr, Mrs, Miss, Ms, Dr) Name: Dccupation: ress:	not be named as r Title (Mr, M Name: Occupation: Address _ Postcode:	referees).	
as your Line Manager/Employer. (Relatives should r (Mr, Mrs, Miss, Ms, Dr) Name: Dccupation: ress:	not be named as r Title (Mr, M Name: Occupation: Address Postcode: Phone No	referees).	

EDUCATIONAL HISTORY:

DATE	SUBJECT/ EXAM/QUALIFICATION	GRADE	

Year Education completed; ______ Year Employment commenced: ______

Please record ALL employers from you completed education until current position BEGIN WITH MOST RECENT.

IF FULL DETAILS ARE NOT PROVIDED YOUR APPLICATION WILL NOT BE CONSIDERED

PREVIOUS EMPLOYMENT DETAILS (Beginning with present / last Employer)

Date of	Position Held&	Reason for Leaving
Employment	<u>Salary</u>	
Date of	Position Held	Reason for Leaving
Employment		
	Employment Date of	Employment Salary Date of Position Held

Employers Name and Address	<u>Date of</u> <u>Employment</u>	Position Held	Reason For Leaving
Telephone:			
Email:			

Please continue with previous employers on separate sheet if required

Please provide a written explanation where there are employment gaps for our records

I have not worked from :______to :______to

I have not worked from :______to :_____to

Please continue with employment gaps on separate sheet if required

INFORMATION KNOWINGLY OR WILFULLY WITHELD TO OBTAIN EMPLOYMENT WILL RESULT IN SUMMARY DISMISSAL

RINGDUFFERIN NURSING HOME MEDICAL HISTORY

Are you a registered disabled person?

Are you willing to undergo a medical examination?

YES	NO
YES	NO

PLEASE PROVIDE DETAILS OF ALL ABSENCES FROM WORK DUE TO ILLNESS OR INJURY DURING THE LAST THREE YEARS (CONTINUE ON A SEPARATE SHEET IF NECESSARY).

NUMBER OF DAYS	REASON FOR ABSENCE

<u>RINGDUFFERIN NURSING HOME</u> Disclosure of Criminal Background

Because of the nature of the work for which you have applied, this post is exempt from Article 5 of the Rehabilitation of Offenders Order Northern Ireland 1978, and the Rehabilitation of Offenders (Exceptions) Northern Ireland Order 1979 and requires that all convictions and cautions must be declared, and that no conviction can be deemed to be spent.

It is therefore necessary to ask the following questions

• Have you ever been convicted of any Criminal offence?

YES	NO

 Are you currently the subject of police Investigation or do you have any prosecutions pending

YES	NO

List below details of all charges, prosecutions, convictions, cautions - even if they happened a long time ago. You must include any minor matters, any road traffic or motoring offences and any which may be pending

Please note that a disclosure of a conviction does not necessarily debar any applicant from obtaining employment

The following policies are available on request

- **Policy on Access NI Security** -
- Policy Statement on Recruitment of ex-offenders _

I understand that if an offer of employment is made, it is subject to an Access NI check. Access NI enables organisations in Northern Ireland to make a more informed recruitment decisions by providing criminal history information about anyone seeking paid/unpaid work in certain detained areas such as working with children or vulnerable adults.

For further details on Access NI and their code of practise this can be accessed on www.nidirect.gov.uk/accessni

Do you agree to an Access NI check YES / NO Please note that you will be expected to meet the cost of an Enhanced Disclosure Certificate.

I declare that any answers are complete and correct to the best of my knowledge.

Signed: _____ Dated: _____

Name : ___ (please print name)

INDEPENDENT SAFEGUARDING AUTHORITY

Is there any reason why you cannot work in regulated activity?

YES NO

If yes, please provide full details below