

Previous work history: please give your most recent experience first

Position held	Name and address of employer	From	To	Salary

Duties	Reason for leaving
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Duties	Reason for leaving
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Position held	Name and address of employer	From	To	Salary

Duties	Reason for leaving
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Voluntary work or other appointments, e.g., Trustee, Magistrate

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Membership of any relevant professional organisation

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Please continue on an additional sheet if necessary

Education

Name of school or college attended for Secondary Education	From	To	GCSE and A level subjects	Grade

Completed professional qualifications or other higher or further educational achievements: please give details of completed training and qualifications appropriate to the post applied for

Qualification gained, with Grades (Degree, NVQs.)	Name of organisation (university, college)	Membership or registration number (if applicable)	Date awarded

Ongoing **work related training** or courses not shown above appropriate to the post applied for

Date commenced	Course title, qualification working towards	Name of organisation registered with	Expected date of completion

Please continue on an additional sheet if necessary.

Please give any details that may support your application and are relevant to the position for which you have applied, having reference to the job description and person specification.

Please continue on an additional sheet if necessary

Do you hold a full current U K driving licence?

Yes

No

References: Please give the contact details of two referees, one of whom should be your present or most recent employer. If you **DO NOT** wish us to approach your referee before interview place an X in the appropriate box below. **Please note, that testimonials and references from friends and relatives are not acceptable.**

Name:

Address

Postcode:

Position:

Telephone number:

Relationship to candidate:

Name:

Address

Postcode:

Position:

Telephone number:

Relationship to candidate:

Please delete as appropriate.

I confirm that I am not related to a current employee or Trustee of Parkhaven Trust. / I am related to the current employee or Trustee of Parkhaven Trust named below:

This information will not be used for recruitment purposes but only for placement of successful candidates.

Information given on this application form is used solely for lawful employment purposes, including recruitment and selection. I certify that the facts given in this application are to the best of my knowledge true, accurate and correct. Incomplete or untrue statements may result in dismissal, if appointed.

Signed:

Date:

Parkhaven Trust Medical Questionnaire

The purpose of this questionnaire is to provide us with information regarding the health problems of current or prospective employees may suffer from which is relevant to their work.

NAME _____

ADDRESS _____

G.P. NAME _____

ADDRESS _____

Post held / applied for: _____

	Please tick appropriate box	
	Yes	No
Have you ever suffered from:-		
Skin trouble	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Chest trouble e.g. Asthma, TB	<input type="checkbox"/>	<input type="checkbox"/>
Stomach trouble e.g. Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Back trouble e.g. P.I.Disc	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble or difficulty with poor hearing	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble or difficulty with poor vision	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>
Broken bones	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Have you been absent from work for stress, anxiety or depression in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever attended or been admitted to Hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an operation	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been unconscious	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking regular medication	<input type="checkbox"/>	<input type="checkbox"/>
Are you having regular injections	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I understand the above questions and that the answers are correct. My G.P can be contacted for further information if necessary.

Signed _____ Date _____

CONFIDENTIAL DECLARATION FORM

We are aware of the potentially sensitive and confidential nature of the information contained in this document and wish to assure you that it will be treated in the utmost confidence and handled strictly according to our Policy on Secure Storage, Handling, Use Retention & Disposal of Disclosures and Disclosure Information.

Place the completed form into a sealed envelope, mark it with your Name and the Job Title of the post you are applying for and return it with your application.

Criminal convictions and rehabilitation of offenders

Please note that whilst employment with Parkhaven Trust will be offered subject to a satisfactory Criminal Records Disclosure, the following questions are asked to ensure that the best interests of the residents, service users, staff and of the Trust are maintained. Disclosure of spent or unspent convictions, cautions, warnings or reprimands do not automatically disbar from employment and your attention is drawn to our Policy on Criminal Records Bureau Disclosures, and the policy on recruiting ex-offenders, which are enclosed. This policy was written in accordance with the Criminal Records Bureau's Code of Practice, a copy of which is available upon request.

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which can be regarded as 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered only in relation to an application for the position to which the order applies.

Have you been convicted or cautioned for any criminal offence?

YES / NO

If yes, please give details.

Protection of Vulnerable Adults List (POVA)

United Kingdom legislation and guidance relating to the protection of vulnerable adults has at its core, the principle that their welfare must be the paramount consideration.

If for any reason, you answer yes to a question, it will not automatically rule you out of the selection process. Should you be selected for interview, you will have the opportunity of fully discussing the circumstances with us at a face to face meeting.

Have you ever been subject to any enquiry or investigation about any allegation or concerns that you may pose an actual or potential risk to Vulnerable Adults?

YES / NO

Have you ever been convicted of any offences, cautioned or boundover relating to Vulnerable Adults?

YES / NO

Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards Vulnerable Adults?

YES / NO

Is your name included on, or have you been referred to, the Protection of Vulnerable Adults List maintained by the Department of Health?

YES / NO

If yes, please give details.

This declaration must be signed and returned to the Human Resources Manager prior to commencing any work relating to this initiative.

I confirm that the above information given by me is correct and that I consent to my personal data being processed and kept for the purpose described above in accordance with the Data Protection Act 1998.

Name.....

Signature.....

Date.....

Working with relatives

If you are related to any current member of Parkhaven Trust staff you are asked to indicate the name of the members of staff. This information will not be used for selection purposes but will be used when considering the placement of successful candidates.

Are you related to a current member of Parkhaven Trust Staff **YES / NO**

Name of staff member if applicable.....

Please delete as appropriate and sign

Signed: _____ Date: _____

TO ALL APPLICANTS

Parkhaven Trust provides for equality of opportunity and is committed to the principle of equality regardless of race, religion, colour, nationality, gender, sexual orientation or disability. The Trust will apply employment policies which are fair, equitable and consistent with the skills and abilities of its employees and the needs of the home.

Please complete this questionnaire, which allows the Trust to monitor its practices in line with its commitment to equal opportunities. The information will be dealt with in the strictest confidentiality and used for monitoring purposes only.

PLEASE TICK THE APPROPRIATE BOX

ETHNIC OR CULTURAL ORIGIN

White

- British Irish
- Other, please write in ‡

Black, Black British

- Caribbean
- African
- Any other Black background, please write in ‡

Chinese, Chinese British or Other ethnic group

- Chinese
- Any other background, please write in ‡

Asian, Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please write in ‡

Mixed

- White and Black African
- White and Asian
- White and Black Caribbean

‡Please give details here:-

GENDER

- Male Female

DO YOU CONSIDER YOURSELF TO BE DISABLED/HAVE SPECIAL NEEDS

- Yes No

If Yes, please provide details, so that we may investigate what reasonable adjustments may be necessary, either at interview or if the position were to be offered: