

**7/11 WYKEHAM ROAD  
WORTHING  
BN11 4JG**

**MELROSE NURSING HOME**

**POSTION APPLIED FOR**

**FOR OFFICIAL USE**

**Pin No (RN's):**

Interview date

Time

Ref

Date

**1. PERSONAL INFORMATION**

(a) Surname

Mr/Mrs/Miss/Ms/Title

(b) Forenames

(c) Home address

Home telephone no:

Business telephone no:

May we, with discretion,

Telephone you at work?

Yes/No

Email:

(d) Date of birth

(optional if over 18 years)

(e) Maiden name

(g) Do you require a work  
permit to work in the UK?

Yes/ NO

Place of birth:

**Disability Discrimination Act 2006** - Do you require any additional support  
or adaptation to the workplace in order to carry out this role?  
(Please use a separate sheet, if necessary).

National Insurance no:

(i) Next of Kin

Name and address

Telephone No

Relationship

**2. References**

Please give the names and address of three people we may contact for confidential assessment of your suitability for this post. At least one should be from your current employer, last employer or if this is your first job application, your head teacher or college tutor. You should not give your own doctor, or a relative, as a reference.

(a) Name of present or last employer

Address

Postcode

Do you give permission for us to write to your employer if shortlisted?

Contact Name

Position

Telephone no

Length of employment

Email

Yes/No

(b) Name

Address

Postcode

Email

Telephone no

Occupation

How long acquainted with you?

In what connection?

**3. EDUCATIONAL HISTORY**

Please give particulars of all courses taken, stating whether full or part- time

Dates attended		Names of schools and their location attended from the age of 11 onwards	Examinations passed and grades obtained
From	To		
		Name of college/ universities attended	Qualification/degrees/ diplomas etc, obtained

**4. OTHER QUALIFICATION AND/ OR MEMBERSHIP OR PROFESSIONAL BODIES****5 DISCLOSURES OF CONVICTIONS**

All applicants must answer the two questions in this section unless the Rehabilitation of Offenders Act applies. Have you ever been:-

- (a) Cautioned for or convicted of an offence (other than a motoring offence not resulting in disqualifications) in any criminal proceedings in any court of the UK or elsewhere?

Yes/No

- (b) Found guilty of violent, cruel, indecent, or dishonest behaviour in any military service disciplinary proceedings? If 'Yes' to any of the above questions please give full details.

Yes/ No

All applications will be required to have a Criminal Records Bureau and Pova check. To be discussed at interview.

**6. PRESENT AND PREVIOUS APPOINTMENTS IN DATE ORDER (MOST RECENT FIRST)**

Name and address of employer	Position held	From	To	Final salary	Reason(s) for leaving

**7. EXPERIENCES**

Statement support of your application, including details of previous experience. Only ONE sheet of extra information may be submitted.

**8. SOURCE OF APPLICATION**

How did you hear of this vacancy?  
 If press advertisement, which publication?

**9. IF APPOINTED**

When could you take up the duties?

10. Reasons for leaving previous job?

**11. INTERESTS AND VOLUNTARY ACTIVITIES**

please give details of pastimes, hobbies, sports and any voluntary/ church/social/welfare work undertaken.( if applying for a fund- raising post, your experience in public speaking, organising social functions, or any other forms of raising money for charity should be mentioned.

**POSITION APPLIED FOR****FOR OFFICAL USE**

Ref

Date

**Signature:****Date:**

**MELROSE CARE HOME**  
**Equal Opportunities Monitoring**

We strive to be an equal opportunities employer.

In the interests of equal opportunities monitoring, we would be grateful if you would fill in the form below

Name ..... Male/Female ..... Date .....

Date of Birth .....

Position applied for .....

**Please circle the ethnic origin which you consider yourself to be:-**

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
British Irish Other	-White & Black Caribbean, -White & Asian -White & Black African -Any other mixed background	-Indian -Bangladeshi -Pakistani -Philippine -Any other Asian background	-Caribbean -African -Any other Black background	-Chinese -Any other

Religion .....

Do you have a disability? **Yes/No**

If 'yes' would you please outline any adjustments which might be reasonably required to the workplace to enable you to perform the tasks outlined in the job description?

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<b>For official use only:-</b>		

## Melrose Care Home Confidential Health Questionnaire

Full Name
Position applied for

Are you suffering from, or have you ever suffered from any of the following? If YES, please give details including dates and any length of time you were off work.	Yes	No	Details
<b>Heart Disease</b>			
<b>High blood pressure</b>			
<b>Asthma, bronchitis or pneumonia</b>			
<b>Persistent indigestion</b>			
<b>Jaundice/gall bladder/hepatitis</b>			
<b>Bowel problems</b>			
<b>Kidney disease or stones</b>			
<b>Tropical diseases</b>			
<b>Hernia</b>			
<b>Back/neck/limb problems</b>			
<b>Tropical diseases</b>			
<b>Rheumatism/arthritis</b>			
<b>Persistent headaches/epilepsy</b>			
<b>Stress/anxiety/depression</b>			
<b>Eye disease or infection</b>			
<b>Deafness or ear disease</b>			
<b>Dermatitis/eczema/psoriasis</b>			
<b>Allergic conditions</b>			
<b>Diabetes</b>			
<b>Blood disorder e.g. anaemia</b>			
<b>Have you ever tested positive for HIV or are you awaiting the results of a test?</b>			
<b>Any form of cancer</b>			
<b>Bladder or genitor-urinary problems</b>			
<b>Have you ever had any surgery?</b>			
<b>Are there any medical conditions that run in your family?</b>			
<b>Are you currently waiting to receive any medical treatment?</b>			
<b>Have you ever left or been denied a job on health grounds?</b>			
<i>Continued overleaf .....</i>			

<i>Health questionnaire continued</i>	<b>Yes</b>	<b>No</b>	<b>Details</b>
Have you ever been denied a driving licence on health grounds?			
Have you ever been treated for addictive substance dependency including alcohol?			
Have you ever suffered from any work related health condition?			
Have you any disabilities affecting standing/walking/lifting/driving/stair climbing/use of hands?			
Have you ever experienced difficulty with reading or written material?			
Have you had a chest X-ray in the last 5 years?			
Do you smoke?			How many per day?
Do you drink alcohol?			How many units per week? (1 unit = 1/2pt beer or 1 short or 1 small glass of wine.
Have you ever been tested or treated for MRSA?			

**Please give dates of last immunisation or vaccination of:**

<b>Tuberculosis (BCG)</b> <b>Date:</b>	<b>Poliomyelitis</b> <b>Date:</b>
<b>Tetanus</b> <b>Date:</b>	<b>Rubella</b> <b>Date:</b>
<b>Diphtheria</b> <b>Date:</b>	<b>Hepatitis</b> <b>Date:</b>

(We recommend that successful applicants are up to date with all relevant immunisations and vaccinations)

Are you aware of your ethical responsibilities as contained in the booklet "Occupational Guidance for AIDS/HIV infected Health Care Workers"? **Yes/No**

**Declaration (please read carefully before signing).**

**I declare that:-**

- All the foregoing statements are true to the best of my knowledge
- I accept in the event of my being employed by Melrose Care Ltd and it subsequently being shown that medical information has not been disclosed by me, or has been misleading or false, that I will become liable to disciplinary proceedings which may result in my dismissal.
- I will inform Melrose Care Ltd of any relevant medical condition that may arise in the future whilst employed by Melrose Care Ltd.

Signed \_\_\_\_\_ Date \_\_\_\_\_