

Mountvale Private Nursing Home

Brewery Lane, Meeting Street, Dromore, Co Down BT25 1AH
Tel. No:- 028 92699480 Fax. No:-028 92699482

POSITION APPLIED FOR: _____

REF NO: _____

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.

APPLICATION FORM

PERSONAL DETAILS

Surname : _____ First Names : _____

Maiden Name: _____

Address: _____ *Previous*
Address: _____

_____ Post Code: _____ _____ Post Code: _____

Home Tel No: _____ Mobile No: _____

National Insurance No: _____

Do you hold a current driving licence: Y/N

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. Base 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: _____

How many days absence due to illness have you had in the past two years. _____ Days.

Is your application for Full-Time or Part-Time employment: _____

Please state what hours you are available to work: Nights/Days/Mornings/Afternoons/Evenings

Please give details of any holiday commitments. _____

How much notice must you give your present employer: _____ weeks

QUALIFIED STAFF ONLY

Where did you train:? _____ What qualification did you gain;? _____

On which part of the N.M.C Register are you registered? _____

Initial Date of Registration: _____ Pin No: _____ Expiry Date: _____

Do you have any pending N.M.C proceedings: Y/N

If yes please give details. _____

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, this position is exempt from the provision of Article 5 of the Rehabilitation of Offenders (N.I) Order 1978 and by virtue of the Rehabilitation of Offenders (Exceptions) Order (NI) 1979

Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and in the event of employment any failure to disclose such convictions could result in disciplinary action including dismissal by the employer. Any information given will be treated in the strictest of confidence and will be considered in relation to this application.

Have you ever been convicted of a criminal offence by a court of law (with the exception of minor motoring offences or offences committed as a juvenile under the age of 16)?

Yes/No

If yes please give details including the offence and the date.

Signed as correct statement : _____ Date: _____

REFEREES

Please give the Names, Addresses and Telephone Numbers of two people who may be contacted to provide references one of whom should be your last or current employer, relatives should not be used.

Last Employer Reference

Character Reference

Name: _____

Name: _____

Address: _____

Address: _____

Title: _____

Title: _____

Tel No: _____

Tel No: _____

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: _____

APPENDIX 3

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 Access NI. 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 *ACCESS NI, *POC (NI) CHECK AND/OR *POVA (NI) CHECK (*delete one if necessary)

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 an Access NI check 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 :** _____

NAME: _____

Position Applied For: _____

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: __

Back Issues: __

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: _____

MONITORING INFORMATION

POSITION: _____

REF NO : ____ / ____ / ____

WE ARE COMMITTED TO EQUALITY OF OPPORTUNITY FOR ALL JOB APPLICANTS REGARDLESS OF SEX, DISABILITY, MARITAL STATUS , RACE, RELIGIOUS AFFILIATION OR POLITICAL OPINION.

IN ORDER TO FACILITATE THE MONITORING PROCESS, YOU ARE REQUESTED TO COMPLETE THE FOLLOWING QUESTIONNAIRE BY MAKING THE APPROPRIATE TICK.

(1) SEX MALE ____ FEMALE ____ Date of Birth: _____

(2) MARITAL STATUS SINGLE ____ MARRIED ____ OTHER ____

(3) DISABILITY ARE YOU A REGISTERED DISABLED PERSON ? YES ____ NO ____

UNDER THE TERMS OF THE DISABILITY DISCRIMINATION ACT 1995, A PERSON HAS A DISABILITY IF HE/SHE HAS HAD A PHYSICAL OR MENTAL IMPAIRMENT WHICH HAS A SUBSTANTIAL AND LONG TERM, ADVERSE EFFECT ON HIS/HER ABILITY TO CARRY OUT NORMAL DAY TO DAY ACTIVITIES.

DO YOU CONSIDER THAT YOU ARE A DISABLED PERSON IN LINE WITH THE ABOVE DEFINATION ? YES _____ NO _____

(4) RELIGIOUS AFFILIATION

PLEASE INDICATE THE COMMUNITY TO WHICH YOU BELONG BY TICKING THE APPROPRIATE BOX BELOW.

I am a member of the Protestant Community :_ _____

I am a member of the Roman Catholic Community _____

I am a member of neither the Protestant nor the Roman Catholic Community _____

5 ETHNIC ORIGIN

PLEASE INDICATE YOUR ETHNIC ORIGIN BY

BLACK CARIBBEAN __ PAKISTANI __ BLACK AFRICAN __ INDIAN __

CHINESE __ MIXED ETHNIC GROUP _____ WHITE __

IRISH TRAVELLER __ BANGLADESHI _____ OTHER __

THE ABOVE INFORMATION IS SUPPLIED IN A STRICTLY CONFIDENTIAL MANNER