

	<p align="center">SPRINGLAWN HOUSE CARE HOME 44 OLD DROMORE ROAD, OMAGH BT79 1RB Tel: 028 8224 4550 springlawn@hotmail.com</p>
<p align="center">HILLVIEW LODGE NURSING HOME 23 OLD MOUNTFIELD ROAD, OMAGH BT79 7EL Tel: 028 8225 1125 hillcrestcarefacility@hotmail.com</p>	<p align="center">HILLCREST CARE FACILITY 23 OLD MOUNTFIELD ROAD, OMAGH BT79 7EL Tel: 028 8225 1222 hillcrestcarefacility@hotmail.com</p>
<p align="center">HILLSIDE CARE FACILITY 23 OLD MOUNTFIELD ROAD, OMAGH BT79 7EL Tel: 028 8225 2822 hillsideresidentialhome@gmail.com</p>	

Home Applied to:
Position Applied for:

PERSONAL DETAILS (Block capitals)

Surname:		
Forenames:		
Address:		
Telephone No	Home:	Mobile:
Email:		
Have you a current full driving licence? Yes / No.	Have you ever been cautioned or convicted of a criminal offence? Yes / No.	

EDUCATION AND TRAINING

Please give the names and dates of schools attended since the age of 11 and details of examinations attempted and results obtained.

Dates From / To				Name & Address of School	Type of School	Examination Subject & Grade
Mth	Yr	Mth	Yr			
Dates From / To				Name & Address of University/College/Institute	Subjects Studied	Qualification Obtained
Mth	Yr	Mth	Yr			
Dates From / To				Courses Attended	Subjects Studied	Qualification Obtained
Mth	Yr	Mth	Yr			

EMPLOYMENT RECORD

Please give details of your current or most recent employer

Name & Address of Employer:

Title of Post held:

Date Appointed:

Period of Notice required by present Employer:

Brief description of duties & responsibilities:

Are you willing to work overtime/weekends/night duty when required?

Yes / No

EMPLOYMENT RECORD CONT...

Please provide details of all previous employment beginning with the most recent:

Dates		Name of Employer	Reason for Leaving
From	To		

FOR FOREIGN NATIONALS ONLY

DO YOU HOLD A REGISTRATION CERTIFICATE UNDER THE WORKER REGISTRATION SCHEME (WRS)?

YES / NO

***Please enclose a copy of the certificate.**

If awaiting registration please state the date of your application to the Home Office:

Please list any hobbies or interests you may have:

References

Please provide names and addresses of 2 referees, one of which must be your most recent employer, and who are not related to you, who we can approach for a confidential assessment of your suitability for this position.

Name	Address and telephone Number	Occupation / Position

DECLARATION BY APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions disqualify me from employment or may render me liable to dismissal.

I agree to a police check Yes / No

Signed: **Dated:**

.....

EQUAL OPPORTUNITY POLICY

This Nursing Home is an equal opportunities employer. Our policy is to ensure that no job applicant or employee receives less favourable treatment on grounds of sex, marital status, disability or religion nor should they be disadvantaged by conditions or requirements which are not justified and relevant to the job. Selection is based solely on merit.

MONITORING

The Fair Employment Northern Ireland Act (1998) places new duties on employer.

Amongst these are:

To monitor workforce composition.

To review composition and recruitment, training and promotion practices on a regular basis.

We fully support this. Monitoring is the means whereby we can demonstrate that we are fair employers and we are asking you to help us to do this by completing the answers to the questions below. The information that you are asked to supply will be treated in the strictest confidence and protected from misuse. It will be used ONLY for the purpose of monitoring our equality of opportunity in employment policy. This sheet will be detached from the application form before it is sent to the department considering your application.

Answering the questions below is voluntary, but your co-operation would be of great value since the provision of the information is essential in order to enable us to demonstrate that our employment practices are fair and equitable.

Please indicate the community to which you belong by ticking the appropriate box below:

I am a member of the Protestant Community	<input type="checkbox"/>
I am a member of the Roman Catholic Community	<input type="checkbox"/>
I am a member of neither the Protestant nor the Roman Catholic Community	<input type="checkbox"/>

Please indicate your sex by ticking the appropriate box below:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Criminal Records Check:

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 5(2) of Rehabilitation of Offenders (Northern Ireland) Order 1978, by virtue of The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, this means that all spent convictions must be disclosed and will be taken into account in deciding whether to make an appointment. Having a criminal record will not necessarily bar an applicant from working for us.

Due to the job in which you are applying for you are required to submit an Enhanced Barred List check which will be carried out by Access NI. All information received will be kept strictly confidential.

Do you consent to us obtaining all necessary information in connection with this application for employment?

Yes No

Have you ever been convicted of a criminal offence?

Yes No

If yes please give details of this.

DECLARATION OF HEALTH – CONFIDENTIAL

1. Have you had, or do you suffer from any of the following? (Please tick as appropriate)

	YES	NO	If yes, please give details
Epilepsy			
Tuberculosis, Measles, Mumps or Rubella			
Rheumatic Fever			
Disabling Headache			
Fainting Attacks			
Diabetes			
Kidney Infections			
Asthma			
Postural Deformity (e.g flat feet, back trouble, sclerosis, inability to bend knees)			
Drug Addiction			
Mental illness			
Hearing Defects			
Sight Defects			
Are you physically fit for all manual handling tasks, if no please give details			
Have you been vaccinated/immunised in the past 5 years, if yes please state what for			

2. What other previous illness or injury have you had? (If any operations, please give details.)

3. Would you be interested in availing of an Aids, HIV and Hepatitis vaccination?

Yes No

4. Date of last Chest X-Ray _____

5. Names & Addresses of Family Doctor

I declare that, to the best of my knowledge and belief, the answers I have given are true.

Signature and Address: _____
