

EMPLOYMENT APPLICATION FORM

(Please ensure you complete all sections - Handwritten only - Black Pen)

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|------------------------------|--|
| Position applied for: | |
|------------------------------|--|

Personal Details

| | |
|--------------------------------------|----------------|
| Full name: | |
| Address: | |
| | |
| | |
| Post Code: | |
| Telephone numbers: | Home: |
| Are you over 18 years of age? | Mobile: |
| National Insurance No: | |
| E-mail address: | |

Do you hold a UK
Driving Licence?

Employment History

(Starting with the most recent first, including any Agency work)

In line with regulations you **MUST** provide your full employment history and provide details of any unemployed/voluntary periods.

| Employer | Job Title and Responsibilities | From - To | Reason for Leaving |
|----------|--------------------------------|--------------|--------------------|
| | | | |

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(Please continue on a separate sheet if necessary)

Education History

| School/College/University | Qualifications Achieved | Date |
|---------------------------|-------------------------|------|
| | | |

Relevant Training Courses/Higher Education

| Course Title | Course Delivered By | Date |
|--------------|---------------------|------|
| | | |

Professional Registration

| Nursing Registration | Pin Number | Expiry Date |
|----------------------|------------|-------------|
| | | |

Other Professional Registration

| |
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References

You must provide the names and state the profession of TWO referees, one of which ***MUST*** be your present employer (***PLEASE NOTE THAT EMPLOYMENT WITH THE OAKLEAF GROUP WILL NOT COMMENCE UNTIL REFERENCES ARE RECEIVED***).

1)

| | |
|---------------|--|
| Name: | |
| Job Title: | |
| Organisation: | |

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| Address: |
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| |
| Postcode: |
| Contact Telephone Number: |
| E-mail Address: |

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2)

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|----------------------------------|
| Name: |
| Job Title: |
| Organisation: |
| Address: |
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| Postcode: |
| Contact Telephone Number: |
| E-mail Address: |

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Please tick if you **DO NOT** wish us to contact referee(s) prior to interview: 1

2

Please provide additional information which supports your application for this position.
(Please continue on a separate sheet if necessary)

[Empty rectangular box for additional information or notes]

All positions applied for are subject to satisfactory Criminal Records Bureau (CRB) and Safeguarding of Vulnerable Adults (SOVA) clearance. All information provided below will be treated in strictest confidence.

Have you ever been cautioned by the Police?

**Yes or No:
If yes, give details:**

Have you ever been convicted of a criminal offence?

**Yes or No:
If yes, give details:**

Do you have the right to work in the UK?

Yes or No:

Do you require a Work Permit or Student Visa to work in the UK?

**Yes or No:
If Yes, please give details:**

| |
|---|
| Are you related to any currently employed staff at The Oakleaf Group? |
| Do you have any friends who currently work at The Oakleaf Group? |
| To your knowledge are you related or familiar with any of the current residents within The Oakleaf Group? |

| |
|--|
| Yes or No: If yes, please give details: |
| Yes or No: If yes, please give details: |
| Yes or No: If so, please give details? |

Declaration of Health

How many days off work did you miss in the last year?

| |
|------------------------|
| Number of days absent: |
| Reason for absence: |

I certify that to the best of my knowledge all the information I have given is correct. I understand that deliberately giving false, misleading or incomplete answers would disqualify me from consideration or in the event of my appointment, make me liable to dismissal without notice.

Signed.....

Date.....

THE OAKLEAF GROUP IS AN EQUAL OPPORTUNITIES EMPLOYER

VOLUNTARY ETHNICITY MONITORING FORM STRICTLY PRIVATE & CONFIDENTIAL

In line with The Oakleaf Group’s equal opportunities policy we collect ethnic origin information from all applicants to The Oakleaf Group so that we can assess the effectiveness of our policies. The information we collect will be treated in the strictest confidence.

This information will be used to compile statistical analyses and reports and will not be released to anyone in a way, which might identify any individual. *The data collected will not be used in any selection process and is kept only for monitoring purposes.*

What is your ethnic origin? (Please tick the appropriate box)

| | |
|--|--|
| <p>WHITE</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other white background <i>(please state)</i></p> <p>.....</p> | <p>BLACK or BLACK BRITISH</p> <ul style="list-style-type: none"> • Caribbean • African • Any other Black background <i>(please state)</i> <p>.....</p> |
| <p>MIXED</p> <ul style="list-style-type: none"> • Mixed White & Black Caribbean • White & Black African • White & Asian • Any other Mixed background <i>(please state)</i> <p>.....</p> | <p>ASIAN or ASIAN BRITISH</p> <ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Any other Asian background <i>(please state)</i> <p>.....</p> |

| | |
|---|--|
| CHINESE or OTHER ETHNIC GROUP <ul style="list-style-type: none"> • Chinese • Any other Mixed background (<i>please state</i>) <p>.....</p> | |
| Is English your main or secondary language? | <input type="checkbox"/> Main <input type="checkbox"/> Secondary |
| Please state your main language if it is not English | <p>.....</p> |

VOLUNTARY PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

Introduction

The Oakleaf Group is committed to the health and safety of its staff. This form is voluntary; however it will enable us where required to provide reasonable adaption.

Oakleaf, like every employer is bound by the Management of Health and Safety at Work Regulations 1992, which are supplemented by an Approved Code of Practice. We are required to make assessments of risks to which employees may be exposed to at work and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition, the Disability Discrimination Act 1995 imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up proposed employment.

Confidentiality

This form is voluntary and when completed it will only be seen by the company's occupational health adviser if you are offered employment; it will not be used as part of the short listing/interview process.

**Ian Mosley
Chief Executive**

Strictly Confidential

The information will be treated in **STRICTEST CONFIDENCE** by The Oakleaf Group.

PLEASE COMPLETE IN CAPITALS AND BLACK INK

Surname: Title: (Dr, Mr, Mrs, Miss)

Forenames:

Present Address:

.....

Home Tel:

Mobile:

Position applied for:

Name & Address of GP:

..... Tel:

MEDICAL HISTORY

Please complete the following questions by ticking the appropriate box. If your answer is 'yes' to any of the questions please give further details on a separate page if necessary.

Have you ever suffered from the following illnesses?

| | Yes | No | If yes, give details |
|--|-----|----|----------------------|
| Visual defects/eye conditions (including colour blindness) | | | |
| Hearing defects/ear conditions | | | |
| Severe anxiety, depression or other psychiatric disorder | | | |
| Paralysis or other neurological disorder | | | |
| Fainting attacks, blackouts or epilepsy fits | | | |
| Recurrent headaches or migraine | | | |
| Vertigo, giddiness or tinnitus | | | |
| Heart disease, high blood pressure | | | |
| Asthma, bronchitis, tuberculosis or other chest disease | | | |
| Peptic ulcer or other digestive or bowel disorder | | | |
| Liver disorder | | | |
| Kidney or bladder problems | | | |
| Recurrent backache, arthritis or rheumatism | | | |
| Any blood disorder | | | |
| Eczema, dermatitis or other skin conditions | | | |
| Diabetes, thyroid or other gland conditions | | | |
| Any impairment of immunity to infection | | | |
| Hernia | | | |
| Any alcohol or drug related problems or illness | | | |

Present Health Status

| | Yes | No | If yes, give details |
|--|-----|----|----------------------|
| | | | |

| | | | |
|--|--|--|--|
| Are you currently attending a doctor | | | |
| Are you currently prescribed any medication or treatment | | | |
| Do you have any physical disability necessitating special aids, or requirements for access to premises or reasonable adaption's required | | | |
| Do you have any other relevant health problems | | | |

Declaration

I declare that, to the best of my knowledge, the information I have given is correct.

Signature: Date: