

## EMPLOYMENT APPLICATION FORM

(PLEASE ENSURE YOU COMPLETE ALL SECTIONS - HANDWRITTEN ONLY – BLACK PEN)

<b>Position applying for:</b>
<b>Type of contract requesting:</b>
<b>How did you find out about the position you are applying for?</b>

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Bank	<input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Twilights <input type="checkbox"/> All The Above
<input type="checkbox"/> The Oakleaf Group Website <input type="checkbox"/> Newspaper Job Advert <input type="checkbox"/> Word of Mouth Recommendation <input type="checkbox"/> Career Fair/Conference	<input type="checkbox"/> Job Flyer <input type="checkbox"/> Staff Referral <input type="checkbox"/> Online Job Site <input type="checkbox"/> Radio Advert

### Personal Details

<b>Full Name:</b>
<b>Address:</b>
<b>Post Code:</b>
<b>Telephone Numbers:</b>
<b>Are you over 18 years of age?</b>
<b>National Insurance Number:</b>
<b>E-Mail Address:</b>
<b>Do you hold a UK Driving Licence?</b>

<b>Home:</b>
<b>Mobile:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employment History

(PLEASE START WITH THE MOST RECENT FIRST AND YOU MUST INCLUDE ALL 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

(Please continue on a separate sheet if necessary)

### Education History

School/College/University	Qualifications Achieved	Date Passed

### Relevant Training Courses/Higher Education

Course Title	Course Delivered By	Date Passed

### Professional Registration

Nursing Registration	Registration Pin Number	Expiry Date

### Other Professional Registration

Professional Registration	Registration Number	Expiry Date

## 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)

<b>Name:</b>
<b>Job Title:</b>
<b>Organisation:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Contact Telephone Number:</b>
<b>E-Mail Address:</b>


2)

<b>Name:</b>
<b>Job Title:</b>
<b>Organisation:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Contact Telephone Number:</b>
<b>E-Mail Address:</b>


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).

--

All positions applied for are subject to satisfactory Disclosure & Barring Service (DBS) and Safeguarding of Vulnerable Adults (SOVA) clearance. All information provided below will be treated with the strictest confidence.

<b>Have you ever been cautioned by the Police?</b>
<b>Have you ever been convicted of a criminal offence?</b>

<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>

<b>Do you hold a current British Passport?</b>
<b>Do you hold a current Visa/Permit enabling you to work/Study in the UK?</b>

<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please give details:</b>

Are you related to any currently employed staff at The Oakleaf Group?

Yes       No  
If yes, please give details:

Do you have any friends who currently work at The Oakleaf Group?

Yes       No  
If yes, please give details:

To your knowledge are you related or familiar with any of the current residents within The Oakleaf Group?

Yes       No  
If yes, please give details:

What notice period are you required to give your current employer?  
 1 Month       1 Week       Other (please give details):

**Declaration of Health**

How many days off work have you taken due to sickness/health problems in the last 12 months?

Number of days absent:
Reason for absence(s):

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 be 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><b>WHITE</b></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><b>BLACK or BLACK BRITISH</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other black background <i>(please state)</i></p> <p>.....</p>
<p><b>MIXED</b></p> <p><input type="checkbox"/> Mixed White &amp; Black Caribbean</p> <p><input type="checkbox"/> White &amp; Black African</p> <p><input type="checkbox"/> White &amp; Asian</p> <p><input type="checkbox"/> Any other mixed background <i>(please state)</i></p> <p>.....</p>	<p><b>ASIAN or ASIAN BRITISH</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background <i>(please state)</i></p> <p>.....</p>
<p><b>CHINESE or OTHER ETHNIC GROUP</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other mixed background <i>(please state)</i></p> <p>.....</p>	
<p><b>Is English your main or secondary language?</b></p>	<p><input type="checkbox"/> Main <span style="margin-left: 150px;"><input type="checkbox"/> Secondary</span></p>
<p><b>Please state your main language if it is not English</b></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.

**Kathy Swannell**  
**Clinical & Operations Director**



**Strictly Confidential**

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

**PLEASE COMPLETE THE BELOW IN CAPITAL LETTERS AND USE BLACK INK ONLY**

Surname: ..... Title: (Mr/Mrs/Ms) .....

Forenames: .....

Present Address: .....

.....

Post Code: .....

Home Tel: .....

Mobile: .....

Position applied for: .....

Name & address of your 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?			
Do you have any known allergies with potential of anaphylaxis – Do you carry an EpiPen?			

### Declaration

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

**Signature:** .....

**Date:** .....

**Please send all completed application forms to:**

Kathryn Wright  
Payroll & Recruitment Manager  
The Oakleaf Group  
Hilltop House  
Ashton Road  
Hartwell  
Northamptonshire  
NN7 2EY