

APPLICATION FORM

Please return this completed form to:

Brookdale Care 14 Parkway Welwyn Garden City Hertfordshire AL8 6HG



Post Applied for:	
How did you hear about this vacancy?	
Title:Forename:	Surname:
Home telephone number:	
Work telephone number:	
Mobile number:	
Address:	
	Postcode:
Email Address:	
Do you hold a current driving licence? Yes No	Do you own a car? Yes No
Are you able to work a rotating flexible shift pattern (lates, nights, earlies etc) if applicable to the role applied for?) - Yes No
PROFESSIONAL QUALIFICATIONS	
PROFESSIONAL QUALIFICATIONS Clinical:	
Clinical:	
Clinical: Registration date:	PIN:
Clinical:	PIN:
Clinical: Registration date:	PIN:
Clinical: Registration date:	PIN:
Clinical: Registration date:	PIN:
Clinical: Registration date: Managerial:	PIN:
Clinical: Registration date: Managerial:	PIN:
Clinical: Registration date: Managerial:	PIN:

IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006

Under the guidance issued on the 29th February 2009, we are required to prove that a prospective employee is eligible to work in the UK. All applicants invited to interview will be required to provide documentary evidence of their right to work in the UK.

- EU Passport Holder
- Refugee status
- Indefinite leave to remain (with evidence)
- Tier System please indicate 1, 2 or 4
- Student Visa
- Dependent status

Please note any documentation presented in support of this application for employment may be passed on to appropriate agencies for verification checks.

EDUCATION / TRAINING



SCHOOL / COLLEGE/ UNIVERSITY	SUBJECTS / TRAINING (please state whether course was full or part time)	FROM	то
URRENT OR MOST RECENT EMPL	OYER		
Company Name: (employer will not be cont	acted without your prior permission)		
Current Job Title:			
Address:			
Date Commenced:	Date Left:		
Salary / Hourly Rate:	Notice Required:		
List current duties and responsibilitie employment:	es. Briefly describe any major or significant contribution you have	made during	your current

PREVIOUS EMPLOYMENT HISTORY (please include details of ALL employment since the age of 16)



From:	To:	Job Title:
Company Name:		
Company Address:		
Responsibilities:		
Reasons For Leaving:		
From:	To:	Job Title:
Company Name:		
Company Address:		
Responsibilities:		
Reasons For Leaving:		
From:	то:	Job Title:
	То:	
Company Name:		
Company Name:		
Company Name:		
Company Address:		
Company Address:		
Company Address:		
Company Name: Company Address: Responsibilities:		
Company Name: Company Address: Responsibilities:		
Company Name: Company Address: Responsibilities: Reasons For Leaving:	То:	
Company Name: Company Address: Responsibilities: Reasons For Leaving:	То:	
Company Name: Company Address: Responsibilities: Reasons For Leaving: From: Company Name:	То:	
Company Name: Company Address: Responsibilities: Reasons For Leaving: From: Company Name:	То:	
Company Name: Company Address: Responsibilities: Reasons For Leaving: From: Company Name: Company Address:	То:	
Company Name: Company Address: Responsibilities: Reasons For Leaving: From: Company Name: Company Address:	То:	

PERSONAL STATEMENT



Briefly explain why you feel you are suitable for this vacancy and what qualities you will bring to post. Please pay particular attention to the job description and the person specification.				
Give details of leisure activiti	ies or pursuits that you feel	could be relevant to yo	our employment.	

REFERENCES - Please complete ALL sections

MOST RECENT EMPLOYER		
Name:		
Company:		
Address:		
Telephone number:		
EMPLOYER / EDUCATIONAL REFERENCE		
Name:		
Company:		
Address:		
Telephone number: Permission to contact? Yes No		
DELIADII ITATION OF OFFENDEDS ACT 1074 (EVENDTIONS) ODDED 1075		
REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS) ORDER 1975 Resource of the nature of the work, posts within Proceeding Care are exempt from the provisions of		
Because of the nature of the work, posts within Brookdale Care are exempt from the provisions of Section 4 (2) of the Act.		
Having a conviction will not necessarily prevent applications from being considered for posts.		
Applicants are therefore not entitled to withhold information about convictions which for 'other' purposes are spent under the provisions of the Act. If you are employed by Brookdale Care, any information given will be completely confidential, any failure to disclose convictions, cautions, reprimands or final warnings could result in disciplinary action up to and including dismissal.		
All employees will be registered with the Independent Safeguarding Authority (ISA) and applications cannot be accepted from individuals who are disqualified from working with vulnerable adults.		
Have you had any convictions or cautions?		
If yes, please provide details in a separate signed statement.		
Are there any criminal proceedings pending against you?		
If yes, please provide details in a separate signed statement.		
I am prepared to undergo a medical examination at Brookdale Care's expense, if requested. Yes No		
I hereby declare that the information given in this application is, to the best of my knowledge, correct, and I understand that any information I have knowingly given which proves to be false could lead to disciplinary action being taken which could lead to my dismissal.		

EQUAL OPPORTUNITIES MONITORING



Brookdale Care are committed to the promotion of equality of opportunity in its employment policy, practices and procedures. To make this meaningful we need to monitor the effectiveness of our policies, by analysing statistical information. We would be grateful if you could provide us with the following information – we value your contribution, which will ensure our statistics are accurate and representative of people who are seeking employment with Brookdale Care.

This form will be separated from your application form and treated in the strictest confidence. The information you provide will be used for statistical purposes only and will not be used as part of the recruitment selection process. It is helpful if you complete all sections of the form.

NOTES ON COMPLETING THIS FORM:

Ethnic Origin:

The ethnic origin categories the same as those used in the population census in 2001. They are recommended by the Commission for Racial Equality and are the basis for reporting statutory performance indicators.

1) DETAILS					
Name:					
(Your name is required in order that we can identify which stage of the recruitment process you reach i.e. interview, appointment)					
Post/Ref No:	Job Title:				
Location:					
Where did you see/hear about the	job?				
2) MY SEX IS (please tick appropriate box): Male Transgender Transgender					
3) ETHNIC ORIGIN					
I would describe my ethnic origin a	as: Please tick one box	Ref.			
White	British	WE	3		
	Irish Any other white background *	WI WO			
Missa					
Mixed	White and Black Caribbean White and Black African	MC MB			
	White and Asian	MA MA			
	Any other mixed background *	МС)		
Asian or Asian British	Indian				
	Pakistani	P			
	Bangladeshi	В			
	Any other Asian background *	L AO	l		
Black or Black British	Caribbean	ВС			
	African	ВА	ı		
	Any other Black background *	ВО	1		
Chinese	Chinese	С			
*Other ethnic group (OE)	Please state:				
4) SEXUAL ORIENTATION (please tick appropriate box):					
Bi-Sexual Gay / Lesbian Heterosexual Prefer not to say					
5) MY AGE IS: (please tick appropriate box)					
16 -19 20 - 29 30 - 39 40 - 49 50 - 59 60 - 64					

GUIDANCE NOTES FOR APPLICANTS



- The information you supply on the application form and any supplementary material you include is what will be used
 to compile a shortlist of candidates to invite to attend an interview.
- Please complete this form in black ink using capital letters.
- Make an entry in every box. If you have nothing to put in the space, please write N/A, rather than leave
 it blank.
- You may wish to include a CV with your application. Avoid writing 'See CV' on the application form, just in case your
 CV and the form become separated.
- The 'Supporting Information' section is very important and will be used to help decide whether to invite you to an
 interview. Explain how you meet the selection criteria, why you wish to be considered for the position and what
 qualities you can bring to the role.
- Mark any additional sheets with your name and the position for which you are applying.
- Please complete the equal opportunities form, and return it with your completed application form.
 The information you supply will not be used as part of the selection process.
- Please supply contact details for at least two referees. At least one should be your current or most recent former employer. If you have not held a position of paid employment, you may give details of someone connected with you in any un-paid/voluntary work you have undertaken or any period of study.
- All employees will come into contact with our patients in the course of their duties so you will be required to undertake an Enhanced Disclosure from the Criminal Records Bureau.
- Please return your application in good time as we cannot guarantee to consider any received after the closing date.
- Receipt of applications will not be automatically acknowledged. If you would like confirmation that your application form has arrived, please enclose stamped addressed envelope.
- If you are offered employment, you will be required to complete a pre-employment health questionnaire. The short-listing team will not see the information you supply, nor will it be used as part of the selection process.
- Please remember to sign and date the application form before returning it.
- You may wish to keep a photocopy of your application form so that you may refer to it later, if you are invited to attend an interview.

We look forward to receiving your application.

