

Baroda Care

Application Form

Please complete in black ink.

Post applied for:

Personal Information

Surname..... Title (Mr, Mrs, Miss, Ms)

Forenames Previous Surname(s)...

Home Address.....

..... Post Code.....

Tel No..... Work Tel No.....

Date of Birth..... National Insurance Number.....

Do you need a work permit for this post? Tick as appropriate Yes No....

Do you have a full driving licence? Yes.... No....

References

1) Name..... Position.....

Address.....

..... Tel No.....

May we contact before interview? Tick as appropriate Yes.... No....

2) Name..... Position.....

Address.....

..... Tel No.....

May we contact before interview? Tick as appropriate Yes.... No....

If successful, when could you take up post?

Educational Record

School/College/University	Dates from - to	Qualifications / Grades obtained

Membership of professional bodies:

Are you registered with the NMC Yes No

If yes, please enter your registration / PIN number:

Have you had a recent Police check undertaken Yes No
Date completed:

Present Employment

Job Title.....

Employers name & address:	Date Commenced..... Grade/Salary..... Length of notice required.....
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Please describe the duties & responsibilities of your present/ most recent job. Indicate to whom you are/were responsible.

Please record full employment history, putting most recent employer first.

Previous Employers name & addresses	Position held	Dates from - to	Reason for leaving

Training

Please give details of training received or courses attended which you consider relevant to your application. *(Continue on separate sheet if necessary)*

Personal interests & Activities

Please give details of any hobbies or outside interests, as these may be relevant to your application

Additional Information

Please indicate how you consider you match the requirements of the post applied for. Continue on a separate sheet if necessary.

Rehabilitation of Offenders Act 1974. By virtue of the Rehabilitation of Offenders Act 1974 (Exception) Order 1975, applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under provisions of the Act.

Have you ever been convicted of a criminal offence? Yes.... No....

If yes please give details below

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Declaration

1. I acknowledge that an appointment, if offered will be subject to satisfactory personal references and police clearance.
2. I declare that I have not been convicted on any criminal offence spent or otherwise.
3. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate omissions will be regarded as grounds for disciplinary action.
4. I acknowledge that any information submitted in pursuit of my application may be held on computer and therefore falls within the provision of the Data Protection Act.

Signature..... Date.....

**Please return form to: The Manager
Baroda Care Home
34 Merdon Ave
Chandlers Ford
Eastleigh
Hampshire
SO53 1EP Tel: 02380 261764**

Personal Details & Equal Opportunities Monitoring

Post applied for.....

Name..... Male..... Female.....

Nationality.....

Marital Status.....

I would describe my ethnic origin as:

White..... Indian..... Pakistani..... Bangladeshi.....
Black Caribbean..... Black African..... Black other.....
Chinese..... Other.....

Do you consider yourself to have a disability Yes.... No....

If you wish to tell us about a disability please do so here. Please include any special arrangements, for example with communication, or access, which would help you at interview. We offer an interview to all disabled candidates who meet the minimum requirement for the post.

For Office use only
Short listed.....
Appointed.....