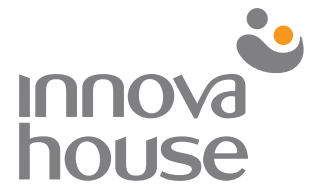


# Application for for employment

Please read the Guidance  
Notes on page 6 before  
completing this form.



Please attach photograph  
of yourself

Job title

Location

Are you including a C.V.  
with this application?

Yes  No

## Part 1 - Personal details

Title: Mr/Mrs/Miss/Ms/Dr

Date of birth

Surname/Family name

National insurance number

First name(s)

Home telephone number

Address

Mobile number:

Work telephone number:

May we phone you at work: Yes  No

Postcode

Do you hold a current full driving licence? Yes  No

Email address

Do you have use of a car? Yes  No

Professional qualifications

### Asylum & Immigration Act 1996

Under section 8 of the above act, it is a criminal offence to employ anyone who does not have permission to work in the U.K. All applicants invited to interview will be required to provide documentary evidence of their right to work in the U.K.

Are you subject to any legal restrictions in respect of your employment in the U.K.? Yes  No

Do you require a work permit? Yes  No

Are you currently working on a company work permit? Yes  No

Membership of professional bodies

Approximate absences due to illness in the last year:  Days

Briefly describe any health problems which could be relevant to the position applied for:

State any medication you are currently taking:

Briefly describe any commitments you have which may prevent you from working certain shift patterns:





## Part 6 - Health details

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

<b>Have you ever had:</b>	<b>* delete as applicable</b>	<b>Additional information to "Yes" response</b>
Tuberculosis, asthma, bronchitis or chest problems?	* Yes/No	
Chest pain, heart condition or raised blood pressure?	* Yes/No	
Epilepsy, blackouts, fits or attacks of giddiness?	* Yes/No	
Depression, mental illness, nervous breakdown or nervous debility?	* Yes/No	
Rheumatism or arthritis?	* Yes/No	
Back trouble?	* Yes/No	
Typhoid, paratyphoid or other gland trouble?	* Yes/No	
Digestive or bowel disease?	* Yes/No	
Diabetes, thyroid or other gland trouble?	* Yes/No	
Bladder or kidney trouble?	* Yes/No	
Dermatitis or skin trouble?	* Yes/No	
Varicose veins?	* Yes/No	
Any other accident, operation or illness?	* Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	* Yes/No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	* Yes/No	
Do you have any allergies?	* Yes/No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	* Yes/No	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	* Yes/No	
Do you smoke?	* Yes/No	
How many units of alcohol do you drink per week?	Units	

## Part 7 - References

Please provide details of two referees who can comment on your suitability for the job you are applying for, one of these must be your present or last employer.

### First reference

Name

Capacity in which referee knows you

Address

Telephone number

Permission to contact Yes  No

### Second reference

Name

Capacity in which referee knows you

Address

Telephone number

Permission to contact Yes  No

## Part 8 - Rehabilitation of offenders act 1974 (exemptions) order 1975

Because of the nature of the work, posts within Innova House are exempt from the provisions of Section 4 (2) of the Act. Having a conviction will not 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 Innova House, any information given will be completely confidential. Any failure to disclose such convictions will result in disciplinary action or dismissal.

## Declaration

Have you had any convictions?  
If yes, please give details on a separate sheet and attach in an envelope marked 'Personal and Confidential' Yes  No

Have you ever worked in a home where registration has been cancelled? Yes  No

Are there any criminal proceedings pending against you?  
If yes, please give details on a separate sheet and attach in an envelope marked 'Personal and Confidential' Yes  No

I am prepared to undergo a medical examination, at Innova House Healthcare Limited'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 against me which could lead to my dismissal.**

Signed

Dated

This information is being gathered to achieve improvements in Innova House Healthcare Limited's equal opportunities policies. We hope you will help us by completing the form. The data will be used only for monitoring purposes and will not be taken into account in assessing information on your application form. The data will be treated in the strictest confidence.

### Part 9 - Equal opportunities monitoring self classification form

Job title		Location	
Title: Mr/Mrs/Miss/Ms/Dr	Date of Birth	First name(s)	
Surname		Marital status	Male/Female
Nationality		Do you need a work permit to work in U.K.? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### What is your ethnic group? choose one section from A to F, then tick the box to indicate your cultural background.

<b>A. White</b> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background <input type="checkbox"/> please state:	<b>B. Black or Black British</b> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other white background <input type="checkbox"/> please state:
<b>C. Mixed</b> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> Any other mixed background (please state:) <input type="checkbox"/>	<b>B. Black or Black British</b> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background (please state:) <input type="checkbox"/>
<b>E. Chinese or other ethnic group</b> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> please state:	<b>F.</b> Unknown, I do not know my ethnic group <input type="checkbox"/> Withheld, I do not wish to indicate my ethnic group <input type="checkbox"/>

**Disability** Important note: The information in this section will be disclosed to the recruiting manager if you are short listed for an interview. Under the Disability Discrimination Act 1995, a person has a disability if he or she has a physical or mental health impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.

Do you consider that you have a disability?  
If yes, please describe the nature of your disability Yes  No

---

Does the nature of your disability lead you to require any special equipment /facilities etc in your workplace?  
If yes, what is required Yes  No

---

Is there anything you would like to suggest to us which would facilitate your full participation if selected for interview?  
For example wheelchair access.

---

Signed       Dated

# 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 incase 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 in employment' 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 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 service users in the course of their duties. Staff will be required to obtain 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 a stamped self 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 completed application form.**

This page is for information only, please detach from your application.

Please return completed form to:

Forest Avenue  
Mansfield  
Nottinghamshire  
NG18 4BX

# Supporting information

Additional page  of



Use this page to supply any supporting or additional information which you feel may benefit your application.