



EMPLOYEE APPLICATION FORM CONFIDENTIAL

Please take time to complete the questions that follow and return on or before the closing date/time specified in the advertisement. Any information provided will be treated in the strictest of confidence and no contact will be made with present or past employers without prior permission.

Any application received after the closing date may not be considered.

If you are disabled and wish to submit an application form in Braille or audiocassette or if you require assistance at interview or access to the premises, please inform the administrator.

Job Reference:

Position:

Date Issued:

1. PERSONAL DETAILS

First Name(s):

Surname:

Mr/Miss/Ms/Mrs:

National Insurance No.:

Address:

Home Telephone:

.....

Business Telephone:

.....

Mobile No.:

.....

Email Address:

Postcode:



STRICTLY CONFIDENTIAL

EMPLOYEE / APPLICANT MONITORING FORM

Do not put your name anywhere on this sheet

Job Reference: Date of Birth:

Position Applied for:

We are an Equal Opportunities Employer. We do not discriminate on the grounds of gender, gender reassignment, sexual orientation, marriage, disability, religious belief or political opinion. We practice equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of our applicants and employees, as required by the Fair employment and Treatment (NI) Order 1998.

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Roman Catholic or Protestant. We therefore ask you to indicate your community background by ticking the appropriate box below.

I am a member of the Protestant Community

I am a member of the Roman Catholic Community

I am neither a member of the Protestant or Roman Catholic Community

Please indicate whether you are Male Female

I would describe my ethnic group as: (please tick one box for your ethnic group)

A. White

English Irish Scottish Welsh Irish Traveller

Any other White background, please specify

Continue on next page

B. Mixed

White and Black Caribbean White and Black African White and Asian
 Any other mixed background, please specify

C. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

Indian Pakistani Bangladeshi
 Any other Asian background, please specify

D. Black, Black British, Black English, Black Scottish or Black Welsh

Caribbean African
 Any other Black background, please specify

E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other Ethnic Group

Chinese Any other background, please specify

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities.

Do you consider that you meet this definition of disability?

Yes No

If yes please state the nature of your disability

If you do not complete this form, we are encouraged to use the “residuary” method. This means we can make a determination on the basis of personal information held on file/application form. All information on this form is confidential and no access will be given to anyone in the short-listing and selection panels.

Where did you hear about this vacancy?	Newspaper	Yes / No
	Job centre	Yes / No
	Word of Mouth	Yes / No
	Other	Yes / No

Please give details:

.....



HEALTH DETAILS

Below are a series of questions relating to your past and present state of health. Please tick the appropriate box. If you answer yes to any of these questions please give details at the end of this section.

Name: Date:

Please answer **ALL** of the following questions, in order that we may identify those assignments which are most suitable for you.

DO YOU HAVE, OR HAVE YOU EVER SUFFERED FROM:	NO	YES (PRESENTLY)	YES (IN THE PAST)
1 Impaired Hearing			
2 Ear infection causing discharge			
3 Impaired vision not corrected by wearing glasses			
4 Eye infection including styes			
5 Colour blindness			
6 Migraine or persistent headaches			
7 Sinusitis			
8 Recurring sore throats			
9 Persistent cough producing sputum			
10 Bronchitis			
11 Hay fever			
12 Asthma			
13 Dermatitis, eczema, psoriasis			
14 Boils or ulcers			
15 Persistent chest pains			
16 Heart disease, heart attack, angina			
17 Unusual shortness of breath on exertion			
18 Faints, dizzy spells, blackouts			
19 Epilepsy			

DO YOU HAVE, OR HAVE YOU EVER SUFFERED FROM:	NO	YES (PRESENTLY)	YES (IN THE PAST)
20 Diabetes			
21 Nervous or mental disorder or depression breakdown			
22 Raised blood pressure			
23 Persistent pain in the joints			
24 Severe back or neck pain			
25 Varicose veins			
26 Rupture or hernia			
27 Glandular trouble e.g. thyroid disorder			
28 Stomach or duodenal ulcers			
29 Frequent indigestion or bowel disorder			
30 Vomiting			
31 Diarrhoea, dysentery, gastro-enteritis, food poisoning			
32 Kidney or bladder infections			
33 Jaundice			
34 Pneumonia or pleurisy			
35 Tuberculosis			
36 Typhoid, paratyphoid, hepatitis			
37 Scarlet or rheumatic fever			

PLEASE ANSWER THE FOLLOWING QUESTIONS:	NO	YES
38 Do you smoke? (How many per day)		
39 Do you drink alcohol? (How much per week?)		
40 Do you wear glasses?		
41 Have you ever had a chest X-Ray?		
42 Have you suffered illness or injuries which required admission to hospital?		
43 Are you presently having treatment from your doctor?		
44 Are you presently taking drugs or medication, prescribed or otherwise?		
45 Do you have a disability?		
46 Have you recently travelled abroad? (Dates?) (Where?)		
.....		

Please give Name and Address of your GP:

I confirm that the above answers are true to the best of my knowledge and I understand that deliberate misrepresentation will result in no further assignments being offered to me.

Signature:

Date:

6. OTHER RELEVANT INFORMATION

Please provide any additional information which you feel may be relevant to your application
(Continue on a separate sheet if necessary)

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7. DISABILITY DISCRIMINATION ACT 1995

Section 1 of this act defines a disabled person as a person with “physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities”

Using this definition, would you consider yourself to be disabled Yes / No

If yes, do you require any special arrangements to be made to assist you if called for interview?

Please provide details:

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8. CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

NOTE: Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979 and are not defined as “protected” according to 2014 amendments must be disclosed, and will be taken into account in deciding whether to make an appointment. A criminal record will not necessarily be a bar to obtaining a position. In addition you will be required to submit to a pre-employment check (Access NI). Any standard or enhanced disclosure made will remain strictly confidential. Any information will be completely confidential and will be considered only in relation to this application. Please note we are an equal opportunities employer. Any disclosures made will be considered in the context of the role applied for.” Please note - Access NI Code of Practice is available to all applicants on request.

Is there any reason why you cannot work in regulated activity?

Yes / No (delete as required)

If YES, please give details:

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Do you have any convictions that are not “protected” as defined by the Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979, as amended in 2014? (Please refer to <http://www.dojni.gov.uk/index/accessni/disclosures/filtering.htm>)

Yes / No (delete as required)

If YES, please give details:

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9. ADDITIONAL INFORMATION

Salary/Wage expectations:

Period of notice required:

Details of any restrictions to the days/hours you are able to work:

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10. REFERENCES

Please give the names and contact details of three referees. One character and two work related. One should be from your present or most recent employment.

Current Employer	Previous Employer	Previous Employer/Character Reference
Name:	Name:	Name:
.....
Address:	Address:	Address:
.....
.....
.....
Tel./Mobile No:	Tel./Mobile No:	Tel./Mobile No:
Email Address:	Email Address:	Email Address:
.....
Occupation:	Occupation:	Occupation:
.....

11. SPECIAL REQUIREMENTS

Because this position involves the care of vulnerable adults employment is dependent on the following:

1. Your consent to us obtaining background checks including Criminal Records as detailed below.
2. That you provide us with proof of your identity – birth or marriage certificate (where appropriate) and passport (if available).
3. That we receive two satisfactory written references and one character reference.
4. That you will supply a photograph of yourself for retention in our records.

12. DECLARATION

(Please read carefully before signing this declaration)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).
3. I agree that my most recent employer will be approached for references and my previous employers may be approached.
4. I agree that should I be successful in this application, I will be required to undertake a Criminal Record Check as defined by statute for a standard or enhanced disclosure with or without Barred Check List (as appropriate).
5. I understand that should I fail to provide this information or should the Disclosure or Reference(s) not be satisfactory, any offer of employment may be withdrawn.

Signed: Date:

Thank you for taking the time to fill out the application form. All information provided will be treated in the strictest confidence. Please return your completed application to:

**Administrator
Brooklands Healthcare
42E Cloona Park
Dunmurry
Belfast
BT17 0HH**

