

Annadale Private Nursing Home

11 Annadale Avenue, Belfast, BT7 3JH

Tel. No: 028 90645900 Fax No: 028 90640541

www.annadalepnh.co.uk

Dear Applicant

Thank for your interest in the position we currently have at Annadale Private Nursing Home.

We would be grateful if you would print off and complete the attached application form which you should then forward to the nursing home for the attention of the Home Administrator before the closing date.

Yours sincerely

**M Campbell
Home Administrator**

Annadale Private Nursing Home

11 Annadale Avenue, Belfast, BT7 3JH
Tel. No: 028 90645900 Fax. No: 028 90640541
e-mail: info@annadalepnh.co.uk

Position Applied for:		Ref No:	
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Thank you for your interest in applying for the above position, once you have completed the application form please return it to the address above on or before the closing date.

PERSONAL DETAILS

Surname:		First Name	
Address:		Town	
Post Code:			
Home Tel No:		Mobile No:	
Email address		National Insurance No:	

Do you hold a current driving licence: Y/N

Under the Terms of the Disability Discrimination Act 1995 which defines disability where he/she has a physical or mental impairment which has substantial and long term effect on his or her ability to carry out normal day to day activity. Based upon the above definition have you currently or in the past had a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activity. Yes/No

Are you a Registered Disabled Person? Yes/No

If Yes please state your R.D.P. Number: _____

Is your application for Full-Time or Part-Time employment: _____

Please state what hours you are available to work:

Nights/Days/Mornings/Afternoons/Evenings

Please give details of any holiday commitments. Start Date _____ Finish Date: _____

How much notice must you give your present employer: _____ weeks

Please use the space below for details of any other information which you may feel would support your application and which you may consider relevant.

REGISTERED STAFF ONLY

Where did you train: _____ Surname Registered if Different: _____

What qualification did you gain;? _____

Are you registered with the N.M.C or NISCC? Yes / No _____

Initial Date of Registration: _____

Registration No or Pin No: _____ Expiry Date: _____

Do you have any pending proceedings: Y/N

If yes please give details. _____

REFEREES

Please give the Names, Addresses and Telephone Numbers of two people who may be contacted to provide references one of whom must be your last employer, relatives must not be used.

Reference 1

Reference 2

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Tel No: _____

Tel No: _____

I confirm that any convictions I have are as detailed below and that I never been referred to either the Adult Safeguard Team or the NISCC in relation to any Vulnerable Adult issue.

I confirm that the information given is accurate and I understand that any false information or deliberate omissions may disqualify me from employment or may render me liable to disciplinary action including dismissal.

Signed: _____

Date: _____

The rehabilitation of ex-offenders policy is available on request.

INFORMATION ABOUT AND CONSENT TO THE PROTECTION OF CHILDREN AND/OR VULNERABLE ADULTS SERVICE/S CHECK BY APPLICANTS FOR POSTS INVOLVING WORK WITH CHILDREN AND/OR VULNERABLE ADULTS

You have applied for a post which is governed by The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003. Before appointing anyone to such a post, it is our policy to ask for the relevant check to be carried out by the Department of Health, Social Services and Public Safety (DHSSPS). This check is to make sure that individuals who might be a risk to children and/or vulnerable adults are not appointed.

The check will tell us if you have a criminal record, or if your name is included on the DHSSPS Disqualification from Working with Children List or included on the DE List and/or the DHSSPS Disqualified from Working with Vulnerable Adults List. Any information received will be treated confidentially, and we will talk to you about it before a final decision is reached. After the decision is made the information will be destroyed. (Employment/Nursing Agencies and Employment Businesses will retain this information for 12 months).

A check will only be carried out if you are considered to be the preferred candidate and are being offered an appointment. You **must** tell us now if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You **must** tell us about **all** offences, even minor ones such as motoring offences, and 'spent' convictions, that is, things which happened a long time ago. If you leave anything out it may affect your application.

Please complete the section below and return it with your application. The form also asks you to give your written consent to the check. If you do not consent we will not accept your application.

CONSENT TO Access (NI) CHECK

Do you have any prosecutions pending **YES/NO** (if yes give please give details)

(Continue overleaf if necessary) Have you ever been

convicted at a court or cautioned by the police for any offence? **YES/NO**

If yes, please list below details of **all** convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

(Continue overleaf if necessary)

Have you ever been the subject of an Adult or Child Abuse investigation? **YES/NO**

If yes, please list full details below. If possible please provide the approximate date/s.

(Continue overleaf if necessary)

I understand that a Access NI (as specified above) must be carried out before an offer of appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

SIGNATURE : _____ **DATE :** _____

NAME: _____ **Position Applied For:** _____

MONITORING INFORMATION

POSITION: _____

REF NO : ____ / ____ / ____

WE ARE COMMITTED TO EQUALITY OF OPPORTUNITY FOR ALL JOB APPLICANTS REGARDLESS OF SEX, DISABILITY, MARITAL STATUS , RACE, RELIGIOUS AFFILIATION OR POLITICAL OPINION.

IN ORDER TO FACILITATE THE MONITORING PROCESS, YOU ARE REQUESTED TO COMPLETE THE FOLLOWING QUESTIONNAIRE BY MAKING THE APPROPRIATE TICK.

(1) SEX & AGE MALE ____ FEMALE ____ D.O.B.: _____

(2) MARITAL STATUS SINGLE ____ MARRIED ____ OTHER ____

(3) DISABILITY ARE YOU A REGISTERED DISABLED PERSON ? YES ____ NO ____

UNDER THE TERMS OF THE DISABILITY DISCRIMINATION ACT 1995, A PERSON HAS A DISABILITY IF HE/SHE HAS HAD A PHYSICAL OR MENTAL IMPAIRMENT WHICH HAS A SUBSTANTIAL AND LONG TERM, ADVERSE EFFECT ON HIS/HER ABILITY TO CARRY OUT NORMAL DAY TO DAY ACTIVITIES.

DO YOU CONSIDER THAT YOU ARE A DISABLED PERSON IN LINE WITH THE ABOVE DEFINATION ? YES _____ NO _____

(4) RELIGIOUS AFFILIATION

PLEASE INDICATE THE COMMUNITY TO WHICH YOU BELONG 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 a member of neither the Protestant nor the Roman Catholic Community _____

(5) ETHNIC ORIGIN
PLEASE INDICATE YOUR ETHNIC ORIGIN BY

BLACK CARIBBEAN ____ PAKISTANI ____ BLACK AFRICAN ____ INDIAN ____
CHINESE ____ MIXED ETHNIC GROUP ____ WHITE ____
IRISH TRAVELLER ____ BANGLADESHI ____ OTHER ____

THE ABOVE INFORMATION IS SUPPLIED IN A TOTALLY CONFIDENTIAL MANNER