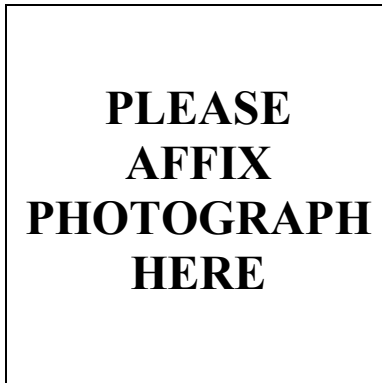


APPLICATION FORM

Santa Monica Healthcare Group Ltd
 Cinnamon House
 Cinnamon Park
 Crab Lane, Fearnhead
 Warrington
 WA2 0XP
 01925 661905



The recruitment process within this organisation has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS.

Position applied for	
Approx. no. of hours wanted	
Full time/Part time (Please circle which you want to work)	Days/Nights/Mornings/Afternoon/Evenings/ Weekends only(please circle)
Surname:	First Name(s)
Previous surnames: (Supply documentary evidence Eg. Marriage certificate, deed of name change)	
Current Address	
Post Code	Moved to this address on (date)
Previous address: Note for Criminal Record check Purposes addresses covering 5 years up to the Application date must be supplied. If necessary use Another sheet of paper.	
Post Code	Moved to this address on (date)
Telephone number	
Own Transport Yes/No How long has licence been held?	Clean current driving licence Yes/No
Endorsements? Details:	

EDUCATION

School/College/University	Examinations Passed/Qualifications gained
	Please supply copies of certificates

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
		Please supply copy of certificates

SHORT COURSES ATTENDED

Subjects	Location

EMPLOYMENT HISTORY

Current/last employer first. Must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most Recent/last employer	
Date employed	
Nature of business	
Position held and reason for leaving	
Salary/Rate	
Name and address of employer prior To the employer listed above	
Date employed	
Nature of business	
Position held and reason for leaving	
Salary/Rate	
Name and address of employer prior To the employer listed above	
Date employed	
Nature of business	
Position held and reason for leaving	
Salary/Rate	
Other roles (Use additional sheet)	

HEALTH DETAILS

Do you have any mental or physical disability or illness (currently or recurring) which is relevant to Post for which you are applying? Yes/NO	
If yes, please give details:	
What adjustments (if any) need to be made to the working environment to accommodate your disability?	
Please give details of all absences from work in the last 12 months, except holidays	
Please give details of any illnesses/accidents/injuries in the last 2 years	
GP's Name	
Tel No:	
Address	
(Your GP will not be contacted without your permission)	

NEXT OF KIN

Full Name of Next of Kin	
Relationship to you	
Tel No:	
Address	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number	(Nurses only)
National Insurance Number	(All Applicants)

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes/No (Delete as appropriate)
If yes, please provide details	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes/No (Delete as appropriate)

Note: Minimum age; legislation dictates that care workers in general must be 18 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent Employer

Name:	
Address:	
Post Code	
Tel no:	
Job Title:	

Previous employer to the one above

Name:	
Address:	
Post Code	
Tel no:	
Job Title:	

Character reference

Name:	
Address:	
Post Code	
Tel no:	
Relationship to you	

CRIMINAL RECORD

Workers in this organisation are subject to the Care Standards Act, and will be subject to a Police Record Check through the Criminal Record Bureau. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You will not be eligible for work in a care setting if you are on the ISA Register(s).

Notice period with existing employer	
Please indicate where you found out about the vacancy	

SIGNATURE & DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received in respect of my ISA Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of 2 satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory Criminal Record check from the Criminal Records Bureau. I understand that until a satisfactory response is received from the Criminal Records Bureau, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and Registers. By my signature, I authorise Santa Monica Healthcare Group Ltd to request an ISA register check and a criminal records check from the CRB, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my ISA Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Signed:

Date:

