



APPLICATION FORM

Head Office – Gidar House, 13 The Crossway,
Uxbridge, Middlesex UB10 0JH

Please complete this application form in full and return it to the address on Page 6

If you wish, you may also attach your Curriculum Vitae as additional information

POSITION APPLIED FOR:

If you are invited for interview please bring 2 passport sized photographs, your passport/birth certificate, proof to work in the UK, and a utility bill in your name with your current address.

SURNAME:.....

FORENAMES:.....

ADDRESS.....

.....

.....POSTCODE.....

HOME TEL:.....MOBILE:.....

DATE OF BIRTH.....

Please select the age group which applies to you 16-17 18-64 65+

ARE YOU ELIGIBLE TO WORK IN THE UK (EVIDENCE WILL BE A REQUIREMENT) YES NO

EMPLOYMENT HISTORY

Please provide a full employment history. List in order the organisations you have worked for, full time and part-time, paid or unpaid, including relevant voluntary work and include any periods of non-employment (continue on additional paper if there is insufficient space).

Name and address of Previous Employers (Most recent first)	Job Title and salary	Dates employed (From and To)	Reason for leaving

Schools attended from age 11	From	To	Examinations passed / grades
Further Education College / University	From	To	Qualifications gained / grades

Please state any relevant professional qualifications/training/membership of professional bodies with dates and levels attained. Please indicate where these are currently being continued:

.....
.....
.....

Please list any training you have received or courses which did not lead to a qualification but which you feel are relevant to the post for which you are applying:

.....
.....
.....

Professional Registration Details – NURSES ONLY

Registration Number:.....Date of Registration.....

Registration Body:.....Date of next renewal.....
(If applicable)

Registration – Limited / full / Provisional (Delete as appropriate)

ADDITIONAL RELEVANT INFORMATION

Please give details of relevant experience and any other information which you consider may be helpful in assessing your suitability for the post for which you are applying (Please continue on an additional sheet if necessary):

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

EQUAL OPPORTUNITIES

Gold Care Homes is an equal opportunities employer. The sole criteria for selection is the suitability of an applicant for the job for which they are applying. We do not discriminate on any grounds.

We are required by law to monitor the effectiveness of our Equal Opportunities Policy and should your application be successful will ask you to complete a confidential form. Thank you.

HEALTH

Should your application be successful you will be asked to a medical screening questionnaire. Any offer will not be confirmed until this questionnaire has been returned. Failure to disclose any relevant information may result in the offer being withdrawn. The information on your medical screening questionnaire will be treated as strictly confidential.

CONVICTIONS

Rehabilitation of Offenders Act 1974 - Do you have any convictions or offences, information of which you are not entitled to withhold, under the rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, in view of the nature of the work for which you are applying?

Yes **No** **If yes, please give details below.**

Health & Social Care Act 2008: please state any police cautions and incidents with the police, in view of the nature of the work for which you are applying:

.....
.....
.....

If your application is successful you will be required to provide a satisfactory Enhanced Criminal Records Bureau Disclosure. Gold Care Homes will offer their full support throughout this process.

A copy of the CRB Code of Practice is available upon request.

REFERENCES

Please give details of three referees (who should not be relatives or friends), at least one of whom should be your current or last employer relating to a period of not less than 3 months employment. If you have not worked for sometime or have never worked, please give the name of someone who can comment on your ability to do the job for which you are applying. Please note that all offers of employment are conditional upon receipt of at least two satisfactory references.

Name and Job Title (of relevant Manager)	
Organisation	
Address	
Period of employment (To / From)	
Telephone Number	

Name and Job Title (of relevant Manager)	
Organisation	
Address	
Period of employment (To / From)	
Telephone Number	

Name and Job Title (of relevant Manager)	
Organisation	
Address	
Period of employment (To / From)	
Telephone Number	

REFERENCES WILL ONLY BE TAKEN AFTER AN OFFER OF EMPLOYMENT HAS BEEN MADE

OTHER INTERESTS

Please give details of your personal interests and hobbies:

.....
.....
.....

CONFLICT OF INTEREST

Do you have a close personal/family relationship with anyone currently working for Gold Care Homes or resident in one of their homes?

Yes No

If yes, please give details.....
.....

DECLARATION

I understand that the data I have given will be processed and used in accordance with the data protection act and hereby give permission for my details to be retained.

I confirm that to the best of my knowledge and belief, the information I have given is correct. I hereby give Gold Care Homes' permission to contact my referees and understand that any contract given to me is based on the information provided.

Signed.....

Print Name.....Date.....

To help us reduce costs we do not acknowledge receipt of application forms. We regret that we may not be able to advise applicants who have not been short listed for interview. If you have not heard from us within 4 weeks, please assume that you have been unsuccessful. Thank you for applying for a job with Gold Care Homes.

RETURN ADDRESS:

Please return this completed application form to: