



Please return your completed form to your first choice of home
[faxes to 01869 345502; emails to admin@fewcott.com]



Please indicate which home(s) you would prefer to work at
(tick as many as you would like to be considered for)

Fewcott House Nursing Home <input type="checkbox"/> (Fewcott Healthcare Ltd) Fewcott, Bicester, Oxon OX27 7NZ 01869 345501	Leafield Care Home <input type="checkbox"/> 32a Springfield Drive, Abingdon, Oxon OX14 1JF 01235 530423	St Anne's Care Home <input type="checkbox"/> (Rural Care Ltd) Clifton, Banbury, Oxon OX15 0PA 01869 338295
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APPLICATION FOR THE POST OF (please tick below all boxes which may interest you).

Job	Full time	Part time		Shift times		
				Fewcott	Leafield	St Anne's
Staff Nurse (Fewcott only)	<input type="checkbox"/>	<input type="checkbox"/>	days	8am-2pm/2pm-8pm	n/a	n/a
Staff Nurse (Fewcott only)	<input type="checkbox"/>	<input type="checkbox"/>	nights	8pm-8am	n/a	n/a
Senior Carer	<input type="checkbox"/>	<input type="checkbox"/>	days	8am-2pm/2pm-8pm	7am-2pm/2pm-9pm	8am-3pm/3pm-10pm
Senior Carer	<input type="checkbox"/>	<input type="checkbox"/>	nights	8pm-8am	9pm-7am	10pm-8am
Care Assistant	<input type="checkbox"/>	<input type="checkbox"/>	days	8am-2pm/2pm-8pm	7am-2pm/2pm-9pm	8am-3pm/3pm-10pm
Care Assistant	<input type="checkbox"/>	<input type="checkbox"/>	nights	8pm-8am	9pm-7am	10pm-8am
Cook	<input type="checkbox"/>	<input type="checkbox"/>	days	7am-2pm	7am-2pm	8am-2.30pm
Assistant Cook/KA	<input type="checkbox"/>	<input type="checkbox"/>	days	7am-2pm/5pm-7pm	7am-2pm/5pm-7pm	8am-2.30/4pm-7pm
Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	Days	7am-2pm	7am-2pm	8am-3pm
Laundry worker	<input type="checkbox"/>	<input type="checkbox"/>	Days	7am-2pm	7am-2pm	8am-3pm

Work patterns are normally on full rotation, including weekends and bank holidays. Allowances are payable for flexibility and day-to-night rotation.

Occasionally we advertise jobs which are not listed here; if you are applying for one of these please write the job title here:

PERSONAL INFORMATION

Title (Mr, Mrs, Miss, etc)		Surname	
What do you prefer to be called?		Forenames in full	
Any other surname(s)		Maiden name/ surname at birth	
Address			
Postcode			
NI No <input type="text"/>		Email address	
Home phone		Mobile phone	
Have you ever worked for any of our companies before? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please complete the following details:			
Company name:	Date started:	Date left:	Reason for leaving:

QUALIFICATIONS

Dates (month / year)		Name of establishment or awarding institution	Qualification	Results
Start	Finish			
NURSES ONLY			PIN number	
What nursing qualification(s) do you have? (RN, RMN etc)		What part(s) of the NMC register are you on?	Expiry	
Name and address of training school				
Date qualified				
Additional qualifications				

EMPLOYMENT HISTORY STARTING FROM THE DATE YOU LEFT SCHOOL (ATTACH SEPARATE SHEETS IF NECESSARY)

PLEASE ENSURE ALL DATES FOLLOW ON CONSECUTIVELY – DO NOT LEAVE ANY GAPS

Dates (month / year)		Employer (name/address) if not working please state location (e.g. "at home" if unemployed, or college address if student)	Job title & responsibilities if not working please state occupation (e.g. "student", "unemployed")	Reason for leaving
Start	Finish			
How much notice do you need to give from your current job?				

CRIMINAL RECORD

Employment in a care home is exempt from the protection offered by the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are not entitled to withhold information about convictions which for other purposes would be regarded as “spent”. If you wish to be considered for a post, you must therefore disclose information about all convictions and cautions (if any), no matter when they occurred. This information will be treated in strict confidence and will ONLY be taken into account if relevant to the post. You will also need to have an up-to-date **Criminal Records Bureau Disclosure** - see final page of this application form - we will apply for this on your behalf but you will be required to pay the costs of the application.

Please use the space below to give details of any convictions or police cautions, or enter “NONE”.

Date	Offence	Penalty

Section 89(5) of the Care Standards Act 2000 provides that an individual who is included (otherwise than provisionally) in the list kept by the Department of Health of individuals who are considered to be unsuitable to work with vulnerable adults (POVA list) shall be guilty of an offence if he knowingly applies for, offers to do, accepts or does any work in a care position.

Are you under investigation for the POVA (Protection of Vulnerable Adults) list?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you included in the POVA (Protection of Vulnerable Adults) list?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you registered with the ISA (Independent Safeguarding Authority) or under the Scottish vetting and barring scheme?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, which scheme, and what is your registration number?		

SUPPORTING INFORMATION

Please provide any further information to support your application, e.g. past achievements, future aspirations, personal strengths. Continue on a separate sheet if you need more space.

ASYLUM & IMMIGRATION ACT 1996

It is a criminal offence to employ a person who is not entitled to live or work in the United Kingdom. We will therefore need proof of your entitlement to work in this country. This applies to all new staff, regardless of nationality or origin. Please tick one of the following statements:

I hold a valid British or EU passport

I am a British or EU national; I do not have a valid passport but I can provide other identification to prove my nationality [**please give details below of this ID*]

I am not a British or EU national, but I have a visa, Work Permit or other document which entitles me to work in this country [**please give details below*]

**The document(s) I hold and will provide if called for interview are.....*

.....

REFERENCES

Please give details of two referees, one of whom must be the your current, or most recent, employer.

May we contact these referees prior to interview? YES NO

(We will not contact them without your permission.)

Name		Name	
Company		Company	
Position		Position	
Address		Address	
email		email	
Phone	fax	phone	fax

DECLARATION

Please read carefully before signing the application.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal, and that the Home will have the right to terminate any employment contract offered.

Consent under the Data Protection Act 1998

I understand these details will be held in confidence by the Company for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998, and I give my permission for them to be so held.

Signature

Date

PLEASE TELL US HOW YOU HEARD ABOUT THIS JOB

<input type="checkbox"/> Advertisement (where?) _____	<input type="checkbox"/> Agency (which?) _____
<input type="checkbox"/> From a member of staff	<input type="checkbox"/> From a relative/visitor
<input type="checkbox"/> From a resident	<input type="checkbox"/> Local information
<input type="checkbox"/> Other (please specify)	
.....	

IF YOU ARE OFFERED AN INTERVIEW

1. Will you require any special arrangements to enable you to attend an interview? YES NO
If you answered YES, please give details (attach a separate sheet if necessary).

2. To enable us to check your qualifications, your eligibility to work in the UK, and to make an application for a Criminal Records Bureau disclosure, we advise you to bring as many ID documents as possible with you to interview, to avoid you having to return at a later date. Please tick those items you will bring:

- | | | |
|---|--|--|
| <input type="checkbox"/> Passport if held | <input type="checkbox"/> Original birth & marriage certificates, divorce decree etc. | <input type="checkbox"/> Three proofs of address, such as recent bank statement or utility bill (less than 3 months old) |
| <input type="checkbox"/> Driving licence if held | <input type="checkbox"/> P45 or P60 if available | <input type="checkbox"/> Original qualification and training certificates |
| <input type="checkbox"/> If you have no form of photographic ID, a recent passport size photo of yourself | <input type="checkbox"/> Proof of your eligibility to work in this country | |

IF YOU ARE OFFERED EMPLOYMENT

If we offer you employment, we will ask you to complete the following sections (Equal Opportunities, Health Details, and information for CRB Disclosure). You need not complete this before interview, but if you do, this sheet will be detached from your form so that the information on it does not form any part of the interview process.

EQUAL OPPORTUNITIES MONITORING

This section is optional and will be used purely for diversity monitoring.

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable. All employees are given equal opportunity and encouragement to progress within the organisation. We are committed to an ongoing programme of action to make this policy fully effective. To help us ensure that the policy is fully and fairly implemented and monitored, we would be grateful if you would provide the following information:

Date of birth	Age	Sex (M/F)
Marital status (single, married, divorced, cohabiting etc)	Number of children	Ages
Nationality	Ethnic group – Choose a section from A to E in the panel below, then tick the appropriate box to indicate your ethnic group (tick one box only).	

		✓
A. White	British	1
	Irish	2
	Any other White background	3
B. Mixed	White and Black Caribbean	4
	White and Black African	5
	White and Asian	6
	Any other mixed background	7
C. Asian or Asian British	Indian	8
	Pakistani	9
	Bangladeshi	10
	Any other Asian background	11
D. Black or Black British	Caribbean	12
	African	13
	Any other Black background	14
E. Chinese or other ethnic group	Chinese	15
	Any other	16
Prefer not to say		17

HEALTH DETAILS

We need the following information to ensure that we are able to provide you with a safe working environment.

- Do you suffer from any recurrent illness? YES NO
- Do you suffer from back strain? YES NO
- Do you suffer from any nervous complaint? YES NO
- Do you require any special arrangements for work (associated with any impairment)? YES NO

If you answered YES to any of these, please give details (attach a separate sheet if necessary).

IN ORDER TO APPLY FOR YOUR CRB DISCLOSURE, WE NEED THE FOLLOWING INFORMATION.

Title (Mr, Mrs, Miss, etc)		Date of Birth (dd/mm/yyyy)		Gender (Male, Female)	
First forename		Middle Name(s) if any			
Current surname					
Surname at birth (if different)		Used from	Birth	Used to (mm/yy)	
Any previous surnames or forenames used					
Previously used Surname		Used from (mm/yy)		Used to (mm/yy)	
Other Surname used		Used from (mm/yy)		Used to (mm/yy)	
Previously used Forename		Used from (mm/yy)		Used to (mm/yy)	
Other Forename used		Used from (mm/yy)		Used to (mm/yy)	
Job applied for		National Insurance No			
Nationality		Country of birth			
Town/city of birth		County/district of birth			
Please enter current address details below					
Current Address					
Town / City					
County		Postcode			
Home phone number		Mobile			
Please enter date when you moved to this address (mm/yy) If this is less than five years, enter additional addresses below.					
Previous Addresses Continue overleaf if additional space is needed.			All dates must follow on consecutively without gaps.		
Previous Address 1		Lived here from (mm/yy)			
		To (mm/yy)			
Previous Address 2		Lived here from (mm/yy)			
		To (mm/yy)			
Previous Address 3		Lived here from (mm/yy)			
		To (mm/yy)			
Applicants must provide original Identification Documents. Circle all the documents you will provide.					
Category 1 Documents	Category 2 Documents				
		The following must have been issued within the past 12 months:	The following must be less than 3 months old:		
Valid Passport	A BRITISH birth Certificate (older than 12 months from date of birth)	P45/P60 certificate statement	Mail Order Catalogue Statement	Credit Card Statement	
UK Driving Licence	Marriage Certificate	Mortgage Statement	Correspondence from • Benefits Agency • The Employment Service • The Inland Revenue • Local Authority	Store Card Statement	
Valid photo identity card (EU countries only)	Certificate of British Nationality	Valid TV Licence		Addressed Payslip	
UK Firearms Licence	Valid Vehicle Registration Document	Valid Insurance Certificate		Utility Bills such as • Electricity • Gas • Water • Telephone • Mobile Phone	
Original BRITISH Birth Certificate (issued within 12 months of the date of birth)	Valid NHS Card	Work Permit / VISA	Bank/Building Society Statement		
	National Insurance Card	Financial Statement (pension, endowment, ISA ...)			
	Exam Certificate	Court Summons			
	Connexions Card	Child Benefit book Council Tax Statement			