

THE  
**ANDOVER**  
NURSING HOME

Weyhill Road Andover Hampshire SP10 3AN  
Telephone: 01264 333324 Fax: 01264 332063

## JOB APPLICATION FORM

Title of Post .....

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### PERSONAL DETAILS

Name in full ..... Title (Dr/Mr/Mrs/Ms etc) .....

Address .....

.....Post Code.....

Telephone Nos. (Home). ..... (Mobile).....

E-mail address (please print clearly).....

Do you hold a current driving licence ? .....National Insurance No.....

Do you have the right to work in the UK? Yes/No. Applicants will be required to provide documentary evidence of their right to work in the UK if invited for interview.

Normal mode of transport to work.....

Where did you hear about this vacancy?.....

Details of holiday commitments in next 12 months.....

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### REFERENCES

Please give full name and address of two references, **one of whom must be your present (or if unemployed, your most recent) employer. If you have worked in the care sector please give details on a separate sheet.**

1. Name ..... Address .....

.....

Post Code ..... Tel.No .....

2. Name ..... Address .....

.....

Post Code ..... Tel.No .....

May we approach your referees prior to interview? YES / NO

**EDUCATION**

<u>NAME OF SCHOOL, COLLEGE ETC.</u>	<u>RESULTS OBTAINED</u>	<u>YEAR</u>
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**PROFESSIONAL QUALIFICATIONS**

<u>QUALIFICATIONS</u>	<u>TRAIN. ESTABLISHMENT</u>	<u>DATE GAINED</u>	<u>REG/ROLL NO.</u>
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N.B. EVIDENCE OF QUALIFICATIONS WILL BE REQUIRED, QUALIFIED NURSES MUST PRODUCE REGISTRATION/ENROLMENT CERTIFICATES PRIOR TO EMPLOYMENT.

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**ANY FURTHER COURSES**

<u>TITLE OF COURSE</u>	<u>TRAINING ESTABLISHMENT</u>	<u>DATE</u>
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**EMPLOYMENT HISTORY**

Please give details of your full Employment History for the **PAST 10 YEARS**, most recent first (**PLEASE COMPLETE THE FORM ATTACHED FOR ANY GAPS IN EMPLOYMENT**).

Title of Post ..... Employer.....  
**From Month.....Year .....**to **Month.....Year.....** Reason for Leaving.....  
Main Responsibilities .....

Title of Post ..... Employer.....  
**From Month..... Year .....**to **Month .....****Year.....** Reason for Leaving.....  
Main Responsibilities .....

Title of Post ..... Employer.....  
**From Month..... Year .....**to **Month.....Year.....** Reason for Leaving.....  
Main Responsibilities .....

Title of Post ..... Employer.....  
**From Month..... Year.....**to **Month.....Year.....** Reason for Leaving.....  
Main Responsibilities .....

(Continue on separate sheet if necessary).

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**HEALTH**

In the event of your being considered for a position you will be required to complete a Medical Questionnaire.

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Do you require any reasonable adjustments to be made in order for you attend an interview?

YES / NO.

If YES, please give details

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**REHABILITATION OF OFFENDERS ACT**

Because of the nature of the work for which your are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exception) Order 1975. Applicants are therefore, not entitled to withhold information about convictions which for other purposes are a spent under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

**A DBS check will be required in the event of offering you a position, for which a charge is made.**

**Do you have any convictions, reprimands, cautions, or final warnings? YES / NO**

**All information regarding a criminal record must be set out below under confidential cover to the Personnel Officer. This information will only be seen by those who need to view it as part of the recruitment process.**

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PLEASE GIVE ANY ADDITIONAL INFORMATION THAT YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION. (Continue on separate sheet if necessary).

**DECLARATION**

I declare that the particulars in this form are to the best of my knowledge complete and true.

SIGNED ..... DATE .....

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**FOR OFFICE USE ONLY**

Outcome of Interview

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