

Application Form

Thank you for your interest in job opportunities with Ideal Care Homes. Please complete **all** sections of the application form in **black ink**.

Personal Details		Mr / Miss / Mrs / Ms			Please complete all sections		
Surname:		Phone Number	Home	Mobile			
First Names:							
Address:		Previous * address: (If current address less than 5 years)					
Postcode:		Email:					
Length of time at address:		National Insurance No.					
Date of Birth:		Drivers Licence:	Yes / No				
Give details of Work Permits, VISAs, Leave to Remain etc that allow you to work legally in the UK - include expiry dates.							

*Please continue on a separate sheet if necessary

The Job you are applying for:			Please complete all sections		
Position/s:			How did you hear about the vacancy? (Please circle)	Advert Job Centre Website	Leaflet Banner Friend
Preferred Shift	Days	Nights	Eves		
	F/T	P/T			
Care Home:			Do any members(s) of your immediate family currently work at Ideal Care Homes (Please circle and if yes list names)	YES/NO 1. 2. 3.	
Education & Training			Please complete all sections		
School Attended	From	To	Exams passed - Subject	Grades	Year
University/College	From	To	Exams passed - Subject	Grades	Year
Relevant NVQ's obtained			Other relevant qualifications obtained		

Employment History (must go back 5 years)			Please complete all sections		
Current or Most Recent	From	To	Position	Notice Period	Reason for Leaving
Name: Address: Salary:					
Previous Employer:	From	To	Position	Notice Period	Reason for Leaving
Name: Address: Salary:					
Previous Employer:	From	To	Position	Notice Period	Reason for Leaving
Name: Address: Salary:					

(Please attach extra sheets if you require more space or use the Additional Information page at the back)

About You	
Why would you like to work for Ideal Care Homes?	
How can you make a positive difference to our residents lives?	
What will the residents like about you?	

References *			
	Current/Most Recent Employer	Previous Employer	Personal Reference
Company			
Name			
Position			
Address			
Telephone			
Fax			
Email			

Please do not contact
until confirmed:

*Please provide the names and addresses of three referees, one of whom should be **your current or most recent employer** and one other **previous employer**. The other should be a **personal referee**, someone who knows you well. Please **do not give the name of a relative** as a referee. If you are known to your referee by a former name please supply the name by which you were known. We can not process your application unless you provide this information.

Further Information		Please complete all sections	
Are you facing any criminal prosecutions?	Yes - give details	No	
Do you have any spent/unspent convictions or cautions under The Rehabilitation of Offenders Act 1974?	Yes - give details	No	
Have you been dismissed from any employment?	Yes - give details	No	
Have you ever been or are you currently going through any investigation or disciplinary action?	Yes - give details	No	
What period of sickness and/or unauthorised absence have you had in the last two years?	Please give detail		

Medical Questions				Please complete all sections				
Do/have you suffered:	YES	NO		YES	NO		YES	NO
Heart Trouble			Lung Trouble			Stomach Trouble		
Eye Trouble			Ear Trouble			Back Trouble		
Nerve Trouble			Diabetes			High Blood Pressure		
Asthma			Cough (frequent)			Rheumatic fever		
Arthritis			Epilepsy / fits			Shortness of breath		
Skin rashes / eczema			Anaemia			Headaches (frequent)		
Fainting or dizziness			Hay fever			Jaundice		
Swelling of legs / ankles			Period/prostrate problem			Varicose veins		
Head injuries			Do you take medicine?			Any other ailments?		

If you have answered Yes to any category above please give details:

Are you currently in good health?	No - please give details	Yes
Do you have a physical, mental or health related impairment that has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?	Yes - please give details	No
Can we make any reasonable adjustments to avoid you being at a disadvantage in the work place?	Yes - please give details	No
Have any health-related reasons in the last two years kept you away from work or prevented you from seeking work?	Yes - please give details	No
Have you ever been dismissed from employment because of health-related reasons?	Yes - please give details	No

Additional Information

Declaration

I confirm that the information provided on this application form is true and complete, and that I am legally entitled to work in the UK.

I understand that any false statements or deliberate misrepresentations will be regarded as grounds for disciplinary action and/or termination of my employment.

I understand that any offer of employment is subject to satisfactory references and CRB/POVA checks, and I authorize Ideal Care Homes to obtain references to support this application once an offer has been made and accepted

I understand that any information given in relation to my application will be held by the Company and falls within the provisions of the Data Protection Act 1998. I also give my consent for my personal information being retained and used to process my application for employment.

Signed		Date
Print name		

**Please return your application form to:
Ideal Care Homes, Recruitment and Training Department, Helios 47, Leeds
LS25 2DY
0113 385 3887**