



## Application Form (Section 1)

<p><b>NOTES:</b></p> <ol style="list-style-type: none"> <li><i>Please complete all sections of this form legibly in black ink.</i></li> <li><i>By completing this application form fully you will assist us in evaluating your application in relation to our requirements. (Section 1)</i></li> <li><i>You are also required to fill in:</i> <ol style="list-style-type: none"> <li><i>a pre-employment medical questionnaire. (Section 2)</i></li> <li><i>an equal opportunities monitoring form. (Section 3)</i></li> </ol> </li> <li><i>Attach Curriculum Vitae if available.</i></li> </ol>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Affix Photo (most recent)</p>	<p><b>We are committed to Equal Opportunities</b></p> <p>In order to comply with directives of legal employment the following are required prior to commencing the post. <b>Originals must be presented and photocopies will be taken at interview.</b></p>
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<p><b>Please submit the following where appropriate:</b></p> <ol style="list-style-type: none"> <li>3 most recent Passport size Photographs of yourself.</li> <li>Birth Certificate or Marriage Certificate.</li> <li>Recent P45, P60 or Payslip.</li> <li>National Insurance Card or Letter.</li> <li>Bank details.</li> <li>Certificates of Qualifications and Courses attended.</li> <li>Current Criminal Bureau Record and POVA check.</li> <li>2 proofs of current address, ie: bank statement, utility bills etc.</li> </ol>	<ol style="list-style-type: none"> <li>Passport or driving licence.</li> <li>Confirmation that you are an European Union National.</li> <li>Letter of confirmation to work in the UK from the Home Office.</li> <li>A letter/document from other Statutory Authority.</li> <li>For students, an original letter on 'headed' paper from your college or university with details of your course, ie name and duration of course, hours of expected attendance etc.</li> </ol>
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<p><b>Post Applied For:</b> _____</p> <p style="text-align: center;"><i>Your employment will be within the Company</i></p>	<p><b>Full Time</b> (Please tick box)</p>	
	<p><b>Part Time</b> (Please tick box)</p>	<p><b>Hours</b></p>

### 1. PERSONAL DETAILS

Title:	Surname:	Christian Names:
Previous Surname/Maiden Name:		Also Known As:
Address:		
Postcode:		Years at this address:
Tel No. (Home):		Mobile No:
Tel No. (Work):		E-Mail Address:
Date of Birth:	National Insurance Number	
Age:	years	mths

**Return to: Admin Officer 57 Avenue Road Westcliff on Sea Essex SS0 7PJ ENGLAND**  
**Fax: 0044(0)1702 436536 Tel: 0044(0)1702 433335**

**PERSONAL DETAILS (continued)**

<p><b>Marital Status:</b> _____</p> <p><b>Relationship with partner:</b> _____</p> <p><b>Partners Address:</b> _____</p> <p>_____</p> <p>_____ <b>Postcode:</b> _____</p> <p><b>Tel:</b> _____</p> <p><b>Tel: (work)</b> _____</p> <p><b>No. of Children:</b> _____</p>	<p><b>Ethnic Origin:</b> _____</p> <p><b>Place of Birth:</b> _____</p> <p><b>Nationality:</b> _____</p> <p><b>Next of Kin (Emergency Contact only)</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____ <b>Relationship:</b> _____</p> <p><b>Tel Home:</b> _____</p> <p><b>Mobile No:</b> _____</p> <p><b>Tel (Work)</b> _____</p>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="text-align: center;"><b>Languages Spoken</b></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		<b>Languages Spoken</b>					
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**2. CURRENT EMPLOYMENT**

<p><b>Company Name:</b> _____</p> <p><b>Present Post / Title:</b> _____</p> <p><b>Place of Work:</b> _____</p> <p><b>From:</b> _____ <b>To:</b> _____</p> <p><b>Salary:</b> £ _____ (Per Annum)      £ _____ (Per Hour)</p> <p><b>Notice required:</b> _____ weeks/months</p>	<p><b>Employers Name:</b> _____</p> <p><b>Position:</b> _____</p> <p><b>Employers Address:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Tel No:</b> _____</p> <p><b>Reason you wish to leave:</b> _____</p> <p>_____</p>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>Do you hold a driving licence</b> YES/NO</td> <td style="width:30%;"><b>Are you a car owner/driver</b> YES/NO</td> </tr> <tr> <td colspan="2"><b>Have you any driving convictions</b> YES/NO</td> </tr> <tr> <td colspan="2">If yes, give details below (offence, points)</td> </tr> </table>	<b>Do you hold a driving licence</b> YES/NO	<b>Are you a car owner/driver</b> YES/NO	<b>Have you any driving convictions</b> YES/NO		If yes, give details below (offence, points)		<p><b>When can you start work with the Company?</b></p> <p><b>Date:</b> _____</p>
<b>Do you hold a driving licence</b> YES/NO	<b>Are you a car owner/driver</b> YES/NO						
<b>Have you any driving convictions</b> YES/NO							
If yes, give details below (offence, points)							
<p>Please provide summary of your main duties in your current post. (Please use reverse of this sheet if needed).</p>							

**This post is exempt from the Rehabilitation of Offenders Act 1974 and Amendment Order 1986, section 4.2. THEREFORE, YOU ARE NOT ENTITLED TO WITHHOLD ANY INFORMATION ABOUT CONVICTIONS IN THE PAST OR PENDING.**

Have you ever been convicted, cautioned, warned, bound over, ASBO or reprimanded for any offence?

YES	
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Date:

NO	
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If 'YES', please give details on the reverse of this page. (Failure to disclose will result in dismissal).

**A CRIMINAL RECORD BUREAU AND POVA CHECK WILL BE CARRIED OUT BEFORE STARTING EMPLOYMENT.** Therefore you will be required to complete a 'Disclosure Application Form'. This will be completed following successful interview. A fee will be payable by the applicant initially and periodically.

### 3. EMPLOYMENT HISTORY

(You may include here unpaid/voluntary work or work at home)

Previous Employment (begin with most recent first-for last the 10 years OTHER THAN CURRENT EMPLOYMENT)				
Name of Employer	Post Held	Period	Brief Details of your Job	Reason for Leaving
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		

### 4. EDUCATIONAL ATTAINMENT

Educational qualifications you have achieved.	Training Courses you have attended relevant to this work.
	Do you have computer/word processing experience? Yes <input type="checkbox"/> No <input type="checkbox"/>

### 5. HEALTH SUMMARY

(You are required to fill a separate Health Questionnaire)

How many days sick have you had in the last 6 months?	days	Medical Certificate <input type="checkbox"/>	Uncertificated <input type="checkbox"/>
Is there any work you cannot do for health reasons e.g. Moving and Handling Residents (If YES, please give details below)		YES / NO	
Do you suffer from: Back Pain: Yes <input type="checkbox"/> No <input type="checkbox"/> Muscle Weakness: Yes <input type="checkbox"/> No <input type="checkbox"/> Allergic Condition: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you Registered Disabled? YES / NO If yes, Reg No: _____			
The Company has a No Smoking Policy. Do you smoke YES/NO Smoking is not permitted in the vicinity of the Company		State carry forward of statutory leave eg: maternity, paternity leave outstanding.	

Name & address of two referees (one of whom must be your present/previous employer). <i>Relatives/friends unacceptable.</i>					
1. Name:			2. Name:		
Position:			Position:		
Address:			Address:		
Capacity known as:			Capacity known as:		
How long:		yrs	mths		
How long:		yrs	mths		
Tel No.			Tel No.		

Please give reasons why you want to work in this particular job, and any other facts you think would be useful in considering your application.

To the best of my knowledge and belief the information given is true, complete and accurate in all respects.  
**Note: Notice has to be given to leave this employment. Failure to adhere will result in recovery of Administration Cost. (Details provided in your Contract of Employment). Giving false information will result in dismissal.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. FOR EMPLOYERS USE ONLY**

<b>Original documents checked, copies taken</b>  <table border="0"> <tr> <td align="center">(Tick)</td> <td align="center">(As from page 1)</td> <td></td> </tr> <tr> <td>a) <input type="checkbox"/></td> <td>h) <input type="checkbox"/></td> <td rowspan="7">By: _____ Appointment letter given: Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>b) <input type="checkbox"/></td> <td>i) <input type="checkbox"/></td> </tr> <tr> <td>c) <input type="checkbox"/></td> <td>j) <input type="checkbox"/></td> </tr> <tr> <td>d) <input type="checkbox"/></td> <td>k) <input type="checkbox"/></td> </tr> <tr> <td>e) <input type="checkbox"/></td> <td>l) <input type="checkbox"/></td> </tr> <tr> <td>f) <input type="checkbox"/></td> <td>m) <input type="checkbox"/></td> </tr> <tr> <td>g) <input type="checkbox"/></td> <td></td> </tr> </table>		(Tick)	(As from page 1)		a) <input type="checkbox"/>	h) <input type="checkbox"/>	By: _____ Appointment letter given: Yes <input type="checkbox"/> No <input type="checkbox"/>	b) <input type="checkbox"/>	i) <input type="checkbox"/>	c) <input type="checkbox"/>	j) <input type="checkbox"/>	d) <input type="checkbox"/>	k) <input type="checkbox"/>	e) <input type="checkbox"/>	l) <input type="checkbox"/>	f) <input type="checkbox"/>	m) <input type="checkbox"/>	g) <input type="checkbox"/>		<b>INTERVIEWED BY:</b>  Date: _____  <b>Medical Form satisfactory for employment</b> Yes <input type="checkbox"/> No <input type="checkbox"/> subject to:  Applicant engaged: Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____ Hours
(Tick)	(As from page 1)																			
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e) <input type="checkbox"/>	l) <input type="checkbox"/>																			
f) <input type="checkbox"/>	m) <input type="checkbox"/>																			
g) <input type="checkbox"/>																				
<b>Applicant Summary</b>  Issued: 1) Employment Agreement: Yes <input type="checkbox"/> No <input type="checkbox"/> 2) Employment Handbook: Yes <input type="checkbox"/> No <input type="checkbox"/>		Title of Post: _____ Uniform size <input type="text"/> Rate of Pay: £ _____ per hour CRB/POVA Check initiated: Date: _____ Fee Paid: _____ Start Date: _____ Home: _____ Time: _____ References taken by: 1) Yes <input type="checkbox"/> No <input type="checkbox"/> 2) Yes <input type="checkbox"/> No <input type="checkbox"/> Date sent: _____ Date sent: _____ Date received: _____ Date received: _____																		



# Strathmore Care Group/Southend Care Limited

## Pre-Employment Medical Questionnaire (Section 2)



The contents of this questionnaire will remain confidential to the Company

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: 

M	F
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 N.I. No: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Name of your Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

**Please answer all the following questions. (IF YES TO ANY QUESTION PLEASE PROVIDE FULL DETAILS ON SECTION 15 PAGE 3)**

<b>1. Have you ever suffered any of the following: (Please tick)</b>	<b>YES</b>	<b>NO</b>
a) depression, anxiety, nervous illness, breakdown, had any psychiatric treatment or any other mental illness in the past?		
b) epilepsy, frequent fainting attacks or disease of the nervous system?		
c) spinal problems including back injury or strain or recurrent back pain?		
d) any heart, chest pain, raised blood pressure or circulatory problems (including varicose veins and problems with the blood of any kind?)		
e) any illness or other medical condition not specified above?		
<b>2. Do you suffer from:</b>		
a) Asthma		
b) Hay Fever		
c) Diabetes (if yes, give age of onset and treatment)		
d) Recurrent headaches, Migraines or Giddiness		
e) Dermatitis, Skin Sensitivities, other skin problems or allergy of any kind		
f) Painful Periods of Gynaecological problems		
g) Hepatitis		
h) Any alcohol/drug related illness or disease		
<b>3. Have you ever/had:</b>		
a) been involved in a serious accident?		
b) been awarded compensation for injury sustained or disease caused during the course of your employment with any previous employer?		
c) Tuberculosis		
d) Rheumatism, arthritis or other bone disorder?		

3. <i>Have you ever/had (continued):</i>		YES	NO
e)	Typhoid, paratyphoid or Dysentery?		
f)	Digestive or Bowel disorder?		
g)	Have you been outside of the UK in the past six months?		
h)	Any other current or recent medical condition or treatment which might affect your attendance or performance at work?		
i)	Do you intend to work night duties on a regular basis?		
j)	Any physical disabilities including defect of sight or hearing?		
k)	Have you ever come into contact with MRSA?		
l)	Have you ever had/been screened for MRSA?		
m)	Do you smoke?		
n)	How many units of alcohol do you drink per week?	one unit = half pint beer = one glass of wine = one single shot (i.e. whiskey, vodka, gin)	

4. **Vaccinations/Inoculations** - complete in full and be as accurate as possible with dates, write 'unsure' or 'no' if appropriate

Tuberculosis:  Date: \_\_\_\_\_ Tetanus:  Date: \_\_\_\_\_ Hepatitis B:  Date: \_\_\_\_\_

5. Have you undergone surgery of any kind, or long term illness **YES/NO**  
 (If YES, please give full details): \_\_\_\_\_

6. Are you presently taking medication (pills or tablets) or undergoing any treatment that might affect your attendance at work **YES/NO**  
 (If YES, please give full details): \_\_\_\_\_

7. What is your weight?:  kgs or  Stone  lbs  
 Height - bare foot?  M  cms  Ft  ins

8. Have you ever been medically examined and x-rays taken for employment? **YES/NO**  
 If YES:  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_ Company: \_\_\_\_\_

9. Have you ever been exposed to any health risk or hazards? **YES/NO**

10. Are you Registered Disabled? **YES/NO**  
 (If YES, please provide full details): \_\_\_\_\_

11. Please provide details of any disability benefit, that you receive: \_\_\_\_\_

12. (a) How many working days (excluding holidays) consecutively and singly have you been absent from work during the last twelve months?

Consecutive days	
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Single days	
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(b) Please give the reasons for these absences. (State medical condition):

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13. (a) The position for which you are applying will require you to move, handle or support residents. Please provide full details of any factors which could make it difficult or dangerous to do so. For example, have you suffered back or shoulder problems in the past or deformities of hand, arm and foot which affect movement.

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(b) Do you have any congenital deformity? YES/NO  
(If YES, please give full details):

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(c) Please give full details of any factors which could affect your ability to perform such duties in the future (as per job description):

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14. Have you been refused or dismissed from employment for health reasons? YES/NO

15. Please use this space to provide details if you have answered YES to any part(s) of questions. Use reverse page if necessary

QUESTION	

**Please read carefully before signing**

I declare that the answers and information given are true and correct. I give a full and complete picture of my health in every respect.

I am prepared to undergo medical examination if this is required during my period of employment.

**I GIVE THE COMPANY PERMISSION TO CONTACT MY DOCTOR FOR FURTHER MEDICAL RECORDS DURING MY PERIOD OF EMPLOYMENT SHOULD THE COMPANY SO DECIDE.**

I understand and accept that if the information given in this document is incorrect or untrue the Company reserves the right to immediately terminate my employment with them.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Employers Comments Only**

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## **Equal Opportunities** **(Section 3)**



**The Company is committed to a Policy of Equal Opportunity for all its employees, both current and prospective.**

**All staff employed by the Company and applicants for employment will be given equal opportunities in all aspects of employment and training. All decisions in relation to recruitment and selection are based on the jobs requirements and an individual's ability to do the job based on a person specification / job description.**

**An essential part of the Equal Opportunity Policy is the monitoring process which is carried out to check the Company's legal obligations and its procedural requirements are met. The monitoring process allows both qualitative and quantitative analysis of employment practices.**

**To facilitate this process records of gender, age marital status, disablement, sexual orientation, dependent and the ethnic origin, among others of all employees and job applicants are maintained. It is necessary, therefore, to ask you to complete appropriate forms periodically.**

**This essential information is accessible only to those concerned with short listing, and interviewing as part of the selection process.**

**In addition the Company welcomes diversities in the people it provides a service to and in its workforce. Diversity is not just seen as something to aim for but as something to be valued and an asset in delivering services to different people.**

**The Company recognises that certain groups and individuals may be discriminated against in society and we are committed to ensuring that equal opportunity becomes an integral feature of all its activities.**

**As an equal opportunity employer the Company aims to eliminate discrimination, through the process of recruitment, employment, training, compensate and promote without regard to race, religion, creed, colour, national origin, ethnicity, nationality, age, gender, sexual orientation, sexual preference, gender assignment, HIV/AIDS status, marital status, disability, veteran status, politics, history of mental health and addiction problems or any other basis protected by the applicable law.**

**All employees are required to comply with the Company's Equal Opportunities Policy and co-operate with measures introduced by the Company to implement and monitor the same. Failure to do so will result in disciplinary action.**

**Any employee having a complaint or discrimination or harassment is encouraged to raise the matter under the Company's Grievance Procedure. The complaint will be fully examined and all possible action taken to eradicate the problem.**

**All appointments and promotions will be made in accordance with the Equal Opportunities Policy.**

# Equal Opportunities Monitoring Form

We are committed to eliminating unlawful discrimination from employment and selection practices. We will take steps to ensure that employees are recruited, trained and promoted on the basis of ability, the requirements of the job and the need to maintain an efficient and effective service. To monitor this policy, we require the following information which will only be used for this purpose. It will form no part of the selection process, will not be available to anyone concerned with scoring or interviewing, and will be treated in strict confidence. This sheet will be part of your application form.

Post Applied for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Please fill in all the sections - *(Tick one box only where appropriate)*

1. Preferred Title:  MR  MRS  MISS  MS  DR  OTHER

2. I am: Male  Female

3. I am:  Single  Married  Divorced  
 Living with Partner  Separated  Widow  
 I do not wish to disclose  Legal Registration

4. Number of Dependent Children:  Ages:

5. Which of these categories do you consider yourself to be (Ethnic Origin) - Please read the alphabetical order categories through before ticking.

- Asian
- Asian (*Including Mixed Race*)
- Bangladeshi
- Bengali
- Black - African
- Black - Caribbean
- Black - European
- Black - UK
- Black - Others
- Cypriot Greek

- Chinese
- Filipino
- Indian
- Irish
- Pakistani
- Somali
- Turkish
- White - British
- White - European
- White - Others

- White - UK
- Any Other White
- White and Mixed African
- Any Other Mixed Race - Specify
- 
- I do not wish to disclose
- Other - Specify
-

6. NATIONALITY: If your nationality is not British, please state it (e.g. Jamaican, Japanese, French etc)

\_\_\_\_\_

7. COUNTRY OF BIRTH: \_\_\_\_\_

8. COUNTRY OF EDUCATION/TRAINING: \_\_\_\_\_

9. Are you currently caring for a relative(s)? Yes  No

10. Do you consider yourself to have a disability? Yes  No

11. If yes, does it effect your:

- Hearing  Sight  Mobility (stairs)  
 Mobility (walking)  Mental Health/Stress  Other - Specify

Under the terms of the Act, a disability is defined as a 'physical or mental impairment which has a substantial long term effect on a person's ability to carry out normal day to day activities'.

12. Do you consider yourself to have a disability?

- Yes  No  I do not wish to disclose

If yes, what is your registration number  and expiry date?

The above national and ethnic categories have been selected to reflect the Ethnic Minority groups residents in Essex and those currently employed by the Company. Furthermore the Company as an equal opportunities employer would like to employ more disabled people as well as people from minority ethnic communities. To plan the working environment and monitor our Equal Opportunities Policy we need to know the proportion of disabled people as well as the ethnic origin of our present and prospective employees.

13. If you do not wish to declare your ethnic or national origin please tick here

14. Please indicate your religion or belief:

- Atheism  Islam  Jainism  
 Buddhism  Christianity  Judaism  
 Hinduism  Sikhism  Other  
 I do not wish to disclose Specify

Signature: \_\_\_\_\_

Date: \_\_\_\_\_