

Orchard Care Homes

application form



www.orchardcarehomes.com

You must complete **all parts** of the application form.

Please write or type your application in **black ink**. Read the application form before attempting to complete it.

Please return your completed application form to:

HR team, Orchard Care Homes, 2150 Century Way, Thorpe Park, Leeds LS15 8ZB

For further information call **0113 3900 526** or visit **www.orchardcarehomes.com**

Personal details (please complete all sections)

Mr Miss Mrs Ms (please circle)			
Surname		First names (in full)	
Address		Previous address (if at current address less than five years)	
Postcode			
Length of time at current address			
Home tel		Mobile tel	
E-mail address			
National insurance number		Drivers licence	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give details of Work Permits, Visas, Leave to Remain etc that allow you to work legally in the UK – include expiry dates			

The job you are applying for (please complete all sections)

Position			
Name of home or area you would like to work			
Preferred shift (please circle)	Days Nights Eves Full-time Part-time	Tunic or polo shirt size	Preferred name (for badge)
How did you hear about the vacancy (please tick)	Press advert <input type="checkbox"/> Online advert <input type="checkbox"/> Leaflet <input type="checkbox"/> Banner <input type="checkbox"/> Orchard website <input type="checkbox"/> Friend <input type="checkbox"/> Poster in local area <input type="checkbox"/> Job centre <input type="checkbox"/> Other <input type="checkbox"/>		
Source code from advert/name of friend who recommended you (if applicable)			



INVESTOR IN PEOPLE

Education and training (please complete all sections)

Please tick the qualifications that you have:

NVQ Level 2 in Care	<input type="checkbox"/>	RMA or LMCS	<input type="checkbox"/>
NVQ Level 3 in Care	<input type="checkbox"/>	NVQ in Cleaning and Support Services	<input type="checkbox"/>
NVQ Level 4 in Care	<input type="checkbox"/>	Food Hygiene Certificate	<input type="checkbox"/>

Please list any other qualifications that are relevant to the job you are applying for	
Please give us details of any professional bodies that you are a member of	
If you are a nurse please also let us have your PIN number and expiry date	

Employment history (please go back at least five years and complete all sections)

Current/most recent employer	From	To	Position held	Notice period	Reason for leaving
Previous employer	From	To	Position held		Reason for leaving
Previous employer	From	To	Position held		

If you require further space please use the additional information section at the end of this form

Additional employment information

If you have not been in employment over the past five years please provide a brief summary of your activities over this period	
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About you (please complete all sections)

Why are you applying for this job?	
What skills and/or special experience do you have that make you suitable for this role?	
What are your strengths?	

Further information (please complete all sections)

Are you facing any criminal prosecutions?	No	Yes (give details)
Do you have any spent/unspent convictions, cautions or reprimands under the Rehabilitation of Offenders Act 1974?	No	Yes (give details)
Have you been dismissed from any employment	No	Yes (give details)
Have you ever been or are you currently going through any investigation or disciplinary action?	No	Yes (give details)
What period of sickness and/or unauthorised absence have you had in the last two years?		

Medical questions (please complete all sections)

Do/have you suffered from	Yes	No	Do/have you suffered from	Yes	No	Do/have you suffered from	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 / 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 of the above questions please provide further details below*

Further information (please complete all sections)

Are you currently in good health?	Yes	No (please give details)
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 everyday activities?	No	Yes (please give details)
Have any health-related reasons in the last two years kept you away from work or prevented you from seeking work?	No	Yes (please give details)
Have you ever been dismissed from employment because of health related reasons	No	Yes (please give details)

References (please complete all sections, unfortunately we cannot accept your relative as a referee)

Most recent employer <small>(please include referees name, position and company address)</small>	Telephone	E-mail	Fax
Previous employer <small>(please include referees name, position and company address)</small>	Telephone	E-mail	Fax

Additional information

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 an offer of employment is subject to satisfactory references and CRB/POVA checks, and I authorise Orchard Care Homes to obtain references to support this application once an offer of employment 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

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