



THE BRITISH
HOME
Caring for severely disabled people

APPLICATION FOR EMPLOYMENT

Please complete all sections of this form in black ink or type.

Job Title Of Post Applied For:	
Full-Time/Part-Time/Bank (Delete not applicable)	
Surname/Family Name:	Previous Name/Names (if any):
First Names:	Mr/Mrs/Miss/Ms (Delete not applicable) Other (please state):
Address: Post Code:	Telephone Nos. Home: Mobile: Work:
Date of Birth	National Insurance No.
Are you an EC National? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you require a Work Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in good health? Yes <input type="checkbox"/> If you answered No, please give details No <input type="checkbox"/>	
Do you have any disability or health problems, which may affect your work? Yes <input type="checkbox"/> If you answered Yes, please give details No <input type="checkbox"/>	

For office use only		Copy to Payroll
Grade		
Salary		
Start date		
P.D Form		

PROFESSIONAL QUALIFICATIONS AND SECONDARY QUALIFICATIONS ACHIEVED

Subject	Examination Board	Grade	Year Attained	PIN No.

How did this vacancy come to your attention? _____

References

Please give the name and address of two referees, not related to you, who have consented to act as referee on your behalf. If you are currently in employment one referee must be your present employer (if currently unemployed, your last employer or school teacher, if school leaver.)

Name:	Name:
Mr/Mrs/Miss/Ms (Delete not applicable)	Mr/Mrs/Miss/Ms (Delete not applicable)
Address:	Address:
Tel. No.	Tel. No.
Fax No.	Fax No.
In what capacity do you know this person?	In what capacity do you know this person?
<input type="checkbox"/>	<input type="checkbox"/>
If you do not wish references being taken up prior to interview, please enter X in the relevant box above.	

Because of the nature of the work for which you are applying, this post is exempt from Provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and, in the event of employment, and failure to disclose such convictions could result in dismissal or disciplinary action by the Hospital. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

Have you ever been convicted of a criminal offence? Yes No
 If you answered YES to this question, please complete the section below.

With what offence(s) were you charged?	Date	At which Court	What sentence were you given?

Please use this space to provide additional information in support of your application or attach your Curriculum Vitae. (This may include your present post, other relevant experiences, courses attended or training received.)

Please continue on a separate sheet if necessary.

Declaration of Facts and Ability to Attend for Work Regularly and Punctually.

I understand that the main aim of The British Home is to provide a service to residents. Good timekeeping and regular attendance will be the essence of any contract, which may now, or in the future exist between us. I know of no reason by health, family or other circumstances, which will prevent me from reporting for work regularly and at the correct time.

Furthermore, I understand that appointment will be subject to satisfactory references and an Enhanced Criminal Record Bureau Disclosure will be required in the event of being offered the position.

I declare that the information given on this form is true and complete to the best of my knowledge. I understand that if I am subsequently appointed any false statement will render me liable to disciplinary actions, which may include dismissal.

Signature:

Date:

Please return this form to:

The British Home
Crown Lane
Streatham
London
SW16 3JB