



INVESTOR IN PEOPLE



MERIDIAN
HEALTHCARE LIMITED

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CONFIDENTIAL APPLICATION FORM

THE COMPANY IS AN EQUAL OPPORTUNITIES EMPLOYER

POSITION
APPLIED FOR:

NAME
OF HOME:

PLEASE COMPLETE THIS FORM IN BLACK INK, USING BLOCK CAPITALS, AND RETURN TO THE HOME APPLIED.

SECTION ONE: PERSONAL DETAILS

TITLE:

SURNAME:

FORENAME(S):

ADDRESS:

POSTCODE:

WHEN DID YOU MOVE TO THIS ADDRESS?: MONTH:

YEAR:

IF LESS THAN 5 YEARS PLEASE DETAIL ON REVERSE OF FORM

HOME TEL:

DATE OF BIRTH:

MARITAL STATUS:

NATIONAL INSURANCE No:

DO YOU HOLD A CURRENT DRIVING LICENCE?: YES:

NO:

DO YOU HAVE ACCESS TO A CAR? YES:

NO:

N.M.C. PIN NO:

N.M.C. EXPIRY DATE:

SECTION TWO: EDUCATION

SCHOOLS/COLLEGE/UNIVERSITY ETC.	FROM	TO	DETAILS OF QUALIFICATIONS OBTAINED WITH SUBJECTS AND GRADES	DATES
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION THREE: TRAINING

PLEASE GIVE DETAILS OF ANY SPECIALISED TRAINING, INCLUDING PROFESSIONAL QUALIFICATIONS, TRAINEESHIPS, COURSES ATTENDED ETC.

DATE

DURATION

DETAILS (Proof of qualification required)

SECTION FOUR: EMPLOYMENT RECORD

PLEASE START WITH LAST/PRESENT JOB AND IF NECESSARY, CONTINUE ON A SEPARATE SHEET.

DATES:
FROM: TO:

EMPLOYERS' FULL
NAME & ADDRESS:

JOB TITLE & OUTLINE
OF DUTIES:

SALARY:

REASON FOR
LEAVING:

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SECTION FIVE: REFERENCES

PLEASE GIVE THE NAMES OF TWO PEOPLE, INCLUDING YOUR PRESENT OR MOST RECENT EMPLOYER IF POSSIBLE, TO WHOM WE MAY APPROACH FOR A PROFESSIONAL REFERENCE.

1

NAME:

ADDRESS:

POSITION:

TEL No:

2

NAME:

ADDRESS:

POSITION:

TEL No:

MAY WE CONTACT PRIOR TO THE INTERVIEW? YES: NO:

SECTION SIX: FURTHER INFORMATION

PLEASE GIVE DETAILS OF ANY OTHER INFORMATION YOU CONSIDER OF VALUE IN SUPPORT OF YOUR APPLICATION. PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.

SECTION SEVEN: DECLARATION OF HEALTH

PLEASE GIVE DETAILS OF ANY SERIOUS ILLNESS/DISABILITIES SUFFERED IN THE LAST FIVE YEARS:

HOW MANY DAYS ABSENT FROM WORK DID YOU HAVE DURING THE LAST 12 MONTHS?

DO YOU SUFFER OR HAVE YOU SUFFERED FROM BACK TROUBLE OR INJURY?

YES: NO:

ARE YOU WILLING TO RECEIVE A MEDICAL EXAMINATION?

YES: NO:

ARE YOU A REGISTERED DISABLED PERSON?

YES: NO:

IF YES, PLEASE STATE EXTENT OF DISABILITY

SECTION EIGHT: REHABILITATION OF OFFENDERS ACT 1974

THIS EMPLOYMENT IS EXEMPT FROM THE PROVISIONS OF THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ACT 1975). ACCORDINGLY, APPLICANTS ARE OBLIGED TO DECLARE CONVICTIONS FOR **ANY AND ALL** OFFENCES (HOWEVER OLD). FAILURE TO DECLARE CONVICTIONS WILL RESULT IN AUTOMATIC WITHDRAWAL OF APPLICATION, OR SUMMARY DISMISSAL IF APPOINTED.

HAVE YOU EVER BEEN ARRESTED FOR, OR CONVICTED OF ANY CRIME OR OFFENCE? YES: NO:

IF YES, PLEASE GIVE DETAILS OF THE OFFENCES AND OUTCOME:

**ALL POSITIONS ARE SUBJECT TO A CRIMINAL RECORD CHECK.
ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL**

SECTION NINE: GENERAL INFORMATION

HAVE YOU BEEN EMPLOYED BY THE COMPANY BEFORE?

YES: NO:

IF YES, IN WHAT CAPACITY WERE YOU EMPLOYED e.g. CARE ASSISTANT?

WHICH HOME WERE YOU EMPLOYED AT?

WERE YOU PERMANENT / CASUAL (Delete as appropriate)

DECLARATION

**THE ABOVE IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE IN ALL RESPECTS.
I UNDERSTAND THAT KNOWINGLY GIVING FALSE INFORMATION WILL DISQUALIFY ME FROM
EMPLOYMENT WITH THE COMPANY.**

ANY APPOINTMENT IS SUBJECT TO A SUITABLE CRIMINAL RECORD DISCLOSURE AND SATISFACTORY REFERENCES.

SIGNED:

DATED:

INTERVIEWERS NOTES

DATE:

INTERVIEWER:

POSITION:

	ACCEPTABLE	UNACCEPTABLE	COMMENTS
1. EDUCATION/QUALIFICATION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. WORKING CONDITIONS;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. INTELLECTUAL DEMANDS OF JOB:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. SKILL WITH PEOPLE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. RELEVANT EXPERIENCE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. ATTITUDE & GENERAL APPEARANCE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. SUITABILITY FOR POSITION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT CURRENT ADDRESS (PLEASE DETAIL DATES TO AND FROM):