



Priory Nursing Agency & Homecare Ltd

5 Kimberley Road London NW6 7SG

Tel: (020) 7625 7033 Fax: (020) 7328 8587

Email: info@priorynursing.com

A. PERSONAL DETAILS

Mr/Mrs/Miss/Ms/other: _____

Forename(s): _____ Surname: _____

Maiden Name: _____ National Insurance Number: _____

Address: _____

City: _____ Postcode: _____

Telephone. Mobile: _____ Home: _____

Date Of Birth: _____ Place of Birth: _____ Nationality: _____

Next of Kin: _____

Relation: _____ Contact Number: _____

B. HEALTH & DISABILITIES

Do you have any disabilities which may be relevant to this job application: YES / NO

If so, please describe them: _____

Are you Registered Disabled? YES / NO RDP No: _____

Overall state of health: EXCELLENT / GOOD / POOR

Hearing: EXCELLENT / GOOD / POOR

Eyesight: EXCELLENT / GOOD / POOR *SPECTACLES / CONTACT LENSES / NEITHER*

Please give details of any medical condition for which you have received treatment in the past 3 years:

Have you had treatment for any condition relating to the abuse or misuse of drugs or alcohol within the last 5 years? YES / NO

If "YES" please provide brief details: _____

Are you prepared to undergo a medical examination? YES / NO

C. DRIVING RECORD

Are you a car owner? YES / NO

Have you ever been disqualified from driving, or had insurance refused? YES / NO

If "YES" please provide brief details: _____

D. EDUCATION & PROFESSIONAL TRAINING (from year 11)

| Education Centre (school, college etc) | From | To | Qualifications Gained |
|---|------|----|-----------------------|
| 1. Secondary Education (secondary school) | | | |
| | | | |
| 2. Higher Education (university / college / polytechnic) | | | |
| | | | |
| 3. Further Education (Professional Training) | | | |
| | | | |
| 4. Membership of Professional Organization | | | |
| | | | |

E. LANGUAGE FLUENCY

Please provide some information about languages you speak, other than English:

Language(s): _____ BASIC / INTERMEDIATE / FLUENT

_____ BASIC / INTERMEDIATE / FLUENT

_____ BASIC / INTERMEDIATE / FLUENT

F. REHABILITATION OF OFFENDERS ACT, 1974

Through the 1975 Exemptions Order of the Rehabilitation of Offenders Act, 1974, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employer, to ask the following question. Any information supplied by yourself will be confidential and considered only in relation to this Job Application:

With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a Court of Law?

YES / NO If "YES" please provide brief details of the offence(s) and relevant dates:

Signature: _____ Date: _____

Also, in the event that I am convicted of any criminal offences in the future while I am still employed by your company, I shall inform you of it/them.

Signature: _____ Date: _____

G. EMPLOYMENT HISTORY

Please provide details of all employment, beginning with your present or most recent job first. Please explain any gaps in employment in the space below.

| Dates | | Employer | Position(s) held | Reason for leaving |
|-------|----|----------|------------------|--------------------|
| From | To | | | |
| | | | | |

H. JOB FLEXIBILITY

Prepared to work: FULL-TIME / PART-TIME / SHIFTS

If PART-TIME please indicate preferred hours: _____

Details of any other work which you will continue to undertake if you are offered this Job Position: _____

Please provide details of any outstanding holidays to be taken: _____

Is available to take up employment from: _____

I. REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be relatives, and one must be your present or most recent employer:

1) Name: _____
Address: _____

Telephone Number: _____
Occupation: _____

FOR OFFICIAL USE ONLY.

Please check if request for
reference has been sent []

Date sent: _____

Sent by: _____

2) Name: _____
Address: _____

Telephone Number: _____
Occupation: _____

FOR OFFICIAL USE ONLY.

Please check if request for
reference has been sent []

Date sent: _____

Sent by: _____

J. DECLARATION BY APPLICANT

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED.

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: _____

PRIORY NURSING AGENCY IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability.