

Wemyss Lodge
Residential/Nursing Home
Ermin Street, Stratton St Margaret, Swindon, Wilts SN3 4LH
Telephone: (01793) 828227



Staff Application Form

PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

	Full time	Part time		
Staff Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Days	8am - 8pm
Staff Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Nights	8pm - 8am
Care Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	Days or Nights	8am - 8pm or 8pm - 8am
Senior Carer	<input type="checkbox"/>	<input type="checkbox"/>	Days or Nights	8am - 8pm or 8pm - 8am
Care Assistant	<input type="checkbox"/>	<input type="checkbox"/>	Days or Nights	8am - 8pm or 8pm - 8am
Chef	<input type="checkbox"/>	<input type="checkbox"/>	Days	7am - 7pm
Kitchen Assistant	<input type="checkbox"/>	<input type="checkbox"/>	Days	7am - 7pm
Housekeeper/Laundry	<input type="checkbox"/>	<input type="checkbox"/>	Days	8am - 4pm or 9am - 2pm
Housekeeper/Laundry	<input type="checkbox"/>	<input type="checkbox"/>	Evenings	2pm - 7pm or 5:30pm - 10:30pm

From time to time we advertise jobs which are not listed above. If you are applying for one please write the job title here:

Personal Information

Title: Mr, Mrs, Miss, etc.	Surname
Forename/s	Any other surnames:
Maiden Name/Surname at birth	What do you prefer to be called?
Address	
Postcode	
NI No. _ _ _ _ _	Email address
Home phone number	Mobile number

Have you ever worked for Wemyss Lodge before? Yes No If yes please complete the following

Date Started	Date left	Reasons for leaving
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How much notice do you need to give at you current job?

Qualifications					
Dates (Month/year)		Qualifications/Subjects	Grades/Results	Name of School/College or Awarding body	
Start	Finish				

NURSES ONLY		
What nursing Qualification(s) do you have? (RGN, RMN etc.)	Which part(s) of the NMC register are you on?	Pin Number
		Expiry date
Name and address of training school:		
Date Qualified:		
Additional qualifications		

Employment history Starting from when you left education (Attach a separate sheet if needed)

Please ensure all dates follow on consecutively - Do NOT leave any gaps (Continue on a separate sheet if needed)

Dates Month/year		Employer (Name/address) if not working please state location(e.g. "at home" "looking for work" "college course" "travelling")	Employer (Name/address) if not working please state location(e.g. "at home" "looking for work" "college course" "travelling")	Reason for leaving
Start	End			

Supporting Information

Please provide any further information to support your application, e.g. past achievements, future aspirations, personal strengths. Continue on a separate sheet if you need more space.

Criminal Record

Employment in a care home is exempt from the protection offered by the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are not entitled to withhold information about convictions which for other purposes would be regarded as "spent". If you wish to be considered for a post, you must therefore disclose information about all convictions and cautions (if any), no matter when they occurred. This information will be treated in strict confidence and will ONLY be taken into account if relevant to the post. You will also need to have an up-to-date **Criminal Records Bureau Disclosure** - see final page of this application form - we will apply for this on your behalf but you will be required to pay the costs of the application.

Please use the space below to give details of any convictions or police cautions, or enter "NONE".

Date	Offence	Penalty

Section 89(5) of the Care Standards Act 2000 provides that an individual who is included (otherwise than provisionally) in the list kept by the Department of Health of individuals who are considered to be unsuitable to work with vulnerable adults (SOVA list) shall be guilty of an offence if he knowingly applies for, offers to do, accepts or does any work in a care position.

Are you under investigation for the SOVA (Protection of Vulnerable Adults) list?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you included in the SOVA (Protection of Vulnerable Adults) list?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered with the ISA (Independent Safeguarding Authority) or under the Scottish vetting and barring scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which scheme, and what is your registration number?		

Asylum & Immigration Act 1996

It is a criminal offence to employ a person who is not entitled to live or work in the United Kingdom. We will therefore need proof of your entitlement to work in this country. This applies to all new staff, regardless of nationality or origin.

Please tick one of the following statements:

- I hold a valid British or EU passport
- I am a British or EU national; I do not have a valid passport but I can provide other identification to prove my nationality [**please give details below of this ID*]
- I am not a British or EU national, but I have a visa, Work Permit or other document which entitles me to work in this country [**please give details below*]

The document(s) I hold and will provide if called to interview are:

References

Please give details of 2 references - **One of whom must be your current, or most recent employer.**

May we contact these referees prior to interview? Yes No
(We will not contact these without your permission)

Name	Name
Company	Company
Position	Position
Address	Address
Email	Email
Phone	Phone

Declaration

Please read carefully before signing the application

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal, and that the Home will have the right to terminate any employment contract offered.

Consent under the GDPR - General Data Protection Regulations 2018

I understand these details will be held in confidence by the Company for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the GDPR - General Data Protection Regulations 2018, and I give my permission for them to be so held.

Signature

Date

If You are offered an interview

Do you require any special arrangements to enable you to attend an interview? Yes No
If you answered Yes, Please give details.
E.g. Dyslexia, Physical disability or Hearing impairment