

Hollygate Care Group

An equal opportunities employer

Application Guidance Notes:

- 1) Review and select the correct job description for the position advertised
- 2) Complete and sign “Part 1: Application for Employment”
- 3) Complete “Part 2: Confidential Health Questionnaire” and “Part 3: Equality of Opportunity Monitoring” and place these forms in a sealed envelope that displays your name on the outside only
- 4) Place parts 1, 2 and 3 in an envelope and return *by the closing date* to either:

The Monitoring Officer
Hollygate Lodge Retirement Home,
21 Hollygate Park,
Carryduff BT8 8DZ

- or -

The Monitoring Officer
Orchard Grove Residential Home,
7 The Square,
Clough, BT30 8RB

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Hollygate Lodge Retirement Home, 21 Hollygate Park Carryduff BT8 8DZ

Orchard Grove Residential Home, 7 The Square, Clough, BT30 8RB

Part 1: Application for Employment

Reference No: _____ To be returned by: _____

Position Applied For: _____

Location (tick one box only): Hollygate Lodge Retirement Home, Carryduff
 Orchard Grove Residential Home, Clough

Please answer all questions fully using block capitals. Incomplete application forms will be rejected at shortlisting stage.

SECTION 1: PERSONAL DETAILS											
TITLE:	FORENAME(S):	SURNAME:									
HOME ADDRESS & POSTCODE:	CORRESPONDENCE ADDRESS (IF DIFFERENT):										
TELEPHONE NO:	MOBILE NUMBER:										
NATIONAL INSURANCE NO:											
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
EMAIL ADDRESS:											
DO YOU HOLD A CURRENT FULL DRIVING LICENCE? Yes <input type="checkbox"/> No <input type="checkbox"/>											

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SECTION 2: QUALIFICATIONS

EDUCATION For example: GCSE, 0-Level, A-Level, NVQ or equivalent

SUBJECT	QUALIFICATION TYPE	GRADE OBTAINED	YEAR OBTAINED

FURTHER EDUCATION

DEGREE / DIPLOMA / CERTIFICATE	RESULT & DATE OBTAINED

PROFESSIONAL QUALIFICATIONS For example: nursing, social care

PROFESSIONAL BODY	FINAL EXAM DATE AND RESULT	NMC REGISTRATION PIN NUMBER	EXPIRY DATE

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EXAMS TO BE TAKEN:

PROFESSIONAL BODY	DATE OF EXAM

TRAINING COURSES ATTENDED:

NAME OF TRAINING COURSE / AWARDDING BODY	DATE ATTENDED	COURSE TITLE / CERTIFICATE / RESULT GAINED

SECTION 3: EMPLOYMENT HISTORY

Please provide the following details of your present/most recent employer:

Name & address of employer:	Job title
	Start date
	Leaving date (if applicable)
	Period of notice required

Reason for wanting to leave:

Summary of duties/responsibilities (include number and grades of staff for whom you are responsible, if applicable):

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PREVIOUS EMPLOYMENT

Please provide details of all other previous positions held, starting with the most recent. All gaps in employment history must be accounted for. Please continue on a separate sheet if necessary, using the same format as above.

Name and Address of Employer	Period of Employment From/To	Position and Duties	Reason for Leaving

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SECTION 4: REFERENCES

Any offer of employment will be subject to the receipt of satisfactory references. Please provide details of two referees (not relatives) both of whom should have knowledge of your work, one of which should normally be your current / or most recent employer and the other a previous employer.

Name:	Name:
Position:	Position:
Capacity in which known (e.g. Line Manager):	Capacity in which known (e.g. Line Manager):
Address & Postcode:	Address & Postcode:
Telephone No.	Telephone No.
Do we have your permission to contact this referee: <ul style="list-style-type: none"> • At any time *Y / N • Only when a provisional job offer has been made *Y / N * Please delete as appropriate	Do we have your permission to contact this referee: <ul style="list-style-type: none"> • At any time *Y / N • Only when a provisional job offer has been made *Y / N * Please delete as appropriate

In line with the Asylum & Immigration Act 1996, applicants must be eligible to live and work in the UK without restrictions. Do you have the right to take up employment in the United Kingdom. YES / NO

Do you require a Work Permit or Workers Registration? YES / NO

If yes, please provide details.

Have you ever previously been employed by this Company? YES / NO

(If yes, please give details)

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SECTION 5: INFORMATION IN SUPPORT OF YOUR APPLICATION

The information provided in this section will be used to assess your application at the short listing stage; therefore you must demonstrate how your skills and experience meet the essential and desirable criteria specified in the advertisement or the information contained within the Application Pack, where applicable.

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SECTION 6: CONVICTIONS / OFFENCES

Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland (1979), we are included in the list of excepted employers due to the nature of the services we provide. As such, all criminal convictions may never be regarded as 'spent'. It is therefore necessary to ask the following questions:

Have you ever been convicted of any criminal offence? Yes No

Are you currently the subject of police investigation or do you have any prosecutions pending? Yes No

List below details of ALL charges, prosecutions, convictions, cautions, bind-over orders – even if they happened a long time ago. You must include any minor matters, any road traffic or motoring offences and any which may be pending.

Disclosure of a conviction does not necessarily debar any applicant from obtaining employment.

SECTION 7: PERSONAL DECLARATION

1. I confirm that all of the above information is correct and complete.
2. I understand that any omissions, untrue statements or misleading information will give my employer the right to terminate any employment contract offered to me.
3. I understand that any offer of employment will be subject to satisfactory references, a doctor's medical report, if applicable, and an Access NI enhanced disclosure criminal record check, if applicable.
4. I understand that I may be asked to show formal identification and evidence of qualifications.
5. I confirm that to the best of my knowledge there are no medical reasons which would prevent me from carrying out the duties of this post.

Your signature _____ Date _____

PRIVATE AND CONFIDENTIAL

Reference No:	
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Part 2: CONFIDENTIAL HEALTH QUESTIONNAIRE

Please note a YES answer does NOT mean you will be automatically rejected for employment. You should provide as much detail to your answer as possible.

Please delete as appropriate:

Do you suffer, or have you ever suffered from any chest disease, pain, angina or heart trouble or disease?	YES / NO
Do you suffer, or have you ever suffered from epilepsy, fits, blackouts, fainting or unexplained loss of consciousness?	YES / NO
Do you suffer, or have you ever suffered from head injuries leading to loss of consciousness requiring hospital admission?	YES / NO
Do you suffer, or have you ever suffered from gastric or duodenal ulcers?	YES / NO
Do you have any skin disease or have you ever suffered from the same?	YES / NO
Do you suffer, or have you ever suffered from any blood pressure anomalies or blood disorders?	YES / NO
Do you suffer, or have you ever suffered from a back injury or related complaint?	YES / NO
Do you suffer, or have you ever suffered from any eyesight problems? (i.e. any difficulty which is not corrected by spectacles or contact lenses) e.g. colour blindness, field defects, cataracts, glaucoma	YES / NO
Do you suffer, or have you ever suffered from any hearing problems?	YES / NO
Do you suffer, or have you ever suffered from recurrent headaches or migraine?	YES / NO
Do you suffer, or have you ever suffered from asthma, bronchitis, emphysema or any other lung disorder?	YES / NO
Do you suffer, or have you ever suffered from anxiety, depression, phobias, mental breakdown or stress related problems?	YES / NO
Do you have any disabilities which may need to be assessed in connection with your application? A disabled person is a person with a <i>'physical or mental impairment which has a substantial or long term effect on his/her ability to carry out normal day-to-day activities.'</i> Using this definition, would you consider yourself to be disabled?	YES / NO
Have you claimed for industrial injuries or received compensation at common law against a previous employer?	YES / NO
If you have answered YES to any of the above, please describe:	
Have you ever had any serious illness, Operation or Accident?	YES / NO
If YES, please give details:	
How many days absence have you had in the past two years? Days	
Are you currently under the care of a doctor or other medical professional or having any medical treatment or medication? If yes please specify:	
Is there any other matter concerning your health not covered by the above questions?	

A candidate found to have knowingly given false information or to have wilfully suppressed any material fact may be liable to disqualification, or, if appointed, to dismissal.

Signature of applicant: _____

Date: _____

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Reference No:	
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Part 3: EQUALITY OF OPPORTUNITY

N.B. - This form is regarded as part of your application and failure to complete and return it will result in disqualification.

We are an Equal Opportunities Employer. We do not discriminate on grounds of age, perceived religious or political affiliation, sex, marital status, disability, colour, sexual orientation, race or ethnic origin. We practice equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community of our employees, and applicants, as required by the Fair Employment (N.I.) Order 1998.

We are therefore asking you to give us extra information which will be treated in the strictest confidence, and used for monitoring purposes only. This extra form will not be filed with other details, as given on your application form.

If you do not complete this questionnaire, we are encouraged to use the 'residuary' method, which means that we can make a determination on the basis of personal information on file / application form.

Whether or not you are from Northern Ireland, you should answer the question below by indicating which community or religious background you might be perceived to come from. Even if you no longer practice any religion, the aforementioned legislation still obliges us to classify your perceived community background/religious affiliation, in order to monitor the effectiveness of our policy on equality of opportunity.

We are therefore asking you to indicate your community background by ticking the appropriate box.

Section A

I am a member of the Protestant Community

I am a member of the Roman Catholic Community

I am a member of neither the Protestant nor the Roman Catholic Community

Section B

I am a Male

I am a Female

Section C

Please tick as appropriate: -

White European Asian (Pakistan, Indian) Asian (China, SE Asia) Irish Traveller

Other – please specify _____

Section D

Date of birth: (i.e. DD/MM/YY) _____

N.B. - It is a criminal offence under the legislation for a person to 'give false information in connection with the preparation of the monitoring return'.