## APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL Please return this form to:	Ref. No:	
Director of Nursing Faith House Eventide Home 25 Orpen Park, Belfast, BT10 OBN		
Telephone: (028) 9061 2318 FAX (028) 9060 2691 email info@faith-house.co.uk		
POSITION APPLIED FOR		
NMC pin number:	Renewal Date:	
NISCC pin number:	Renewal Date:	
Surname	Forename(s)	Title
Address		
	Postcode	
	Home telephone number: Work number: Mobile number:	
Current driving license? Yes/No Groups: Expiry Date:	Details of endorsements	
Are there any restrictions on you taking up emp	loyment in the UK? Yes \( \Bar{\cap} \) No \( \Bar{\cap} \) (If yes,	olease provide details)
EDUCATION HISTORY		
Schools/colleges/university	Qualifications gained	

FROM - TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES	RATE OF PAY	REASON FOR LEAVING
Notice requ	ired in current post:				
THER E	MPLOYMENT				
Please note	any other employment you	would continue v	vith if you were to be successfu	l in obtaining this p	oosition.
REFEREN	CES				
lease note he	ere the names and address	es and contact tel	ephone numbers of two persons	from whom we ma	ay obtain both character
1.	rience references. Please	note that one rere	erence should be from most reco	ent employer, kere	erees cannot be retatives.
RIMINAL	RECORD				
Please note certain circu	any criminal convictions e	dependent upon	t' under the Rehabilitation of O obtaining a satisfactory enha		

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

OTHER INFORMATION/TRAINING RELEVANT TO POST APPLIED FOR		
DEC	LARATION (Please read this carefully before signing this application)	
1.	I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.	
2.	Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.	
3.	I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottisl Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.	
Sig	ned:Date:	

## FAIR EMPLOYMENT - QUESTIONNAIRE

## **PRIVATE & CONFIDENTIAL**

Date :	Ref. No :			
Position applied for:	_			
EQUALITY OF OPPORTUNITY				
	ver. We do not discriminate on grounds of religious belief or political portunity 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 background of our applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998.*				
Regardless of whether we practice our religion, most of us in Northern Ireland are seen as either Protestant or Roman Catholic. We are therefore asking you to indicate your community background by ticking the appropriate box below.				
I am a member of the Protestant cor	mmunity			
I am a member of the Roman Catho	lic community			
I am a member of neither the Protes Roman Catholic community	tant nor			
Could you please indicate whether y	you are Female male			
that we can make a determination of <b>Note</b> . It is not compulsory for you	naire, we are encouraged to use the 'residuary' method which means n the basis of personal information on file / application form. u to answer the above questions. However we would stress that it is a legislation for a person to "give false information in connection with oring return".			
FOR MONITORING OFFICER'S US	SE ONLY			
Job category number	Hours			
Position				
Department/location (if applicable) _	·····			
N.I. number	<del></del>			
Date commenced				

## EQUAL OPPORTUNITY MONITORING

**PRIVATE & CONFIDENTIAL** 

Ref	No.:				
Pos	ition	applied for:			
recei	ves le		e, disa	policy is to ensure that no job applicant or employee bility, gender reassignment, marriage and civil partnership exual orientation.	
treat	Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted ar reated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.				
	To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-				
Date	of B	irth:			
	uld de sex)		(pleas	se tick one box for your ethnic group and one box for	
,	<i></i>				
<b>A</b> )	Whit	e			
		English	$\sqcup$	Scottish	
		Welsh		Irish	
		Any other White background, please sp	ecify		
B)	Mixe	d			
		White and Black Caribbean		White and Black African	
		White and Asian			
		Any other Mixed background, please sp	pecify		
C)	Asia	n, Asian British, Asian English, Asiar	n Scot	tish or Asian Welsh	
		Indian		Pakistani	
		Bangladeshi			
		Any other Asian background, please s	pecify		
D)	Blac	k, Black British, Black English, Black	Scott	tish or Black Welsh	
	П	Caribbean	П	African	
		Any other Black background, please sp	ecify .		
E)	 Chin	ese, Chinese British, Chinese Englis	h, Chi	nese Scottish, Chinese Welsh or other Ethnic Group	
		Chinese			
	$\overline{\Box}$	Any other background, please specify			
F)	Sex				
,		Mala		Famala	
	Ш	Male	Ш	Female	
Nam	ne:			Signed:	
Date	٠.				