



# Prospect Private Nursing Home

Closing Date:

## APPLICATION FORM

Post applied for:  (full-time / part-time / bank)

Post Ref:

Please complete this form fully using black ink or type and return to the above address.  
Failure to complete fully this Application Form may cause your application to be rejected.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

## SECTION 1 - Personal Details

Surname:  First Name:

Address:

Postcode:

Home Telephone No:

Daytime Telephone No:

Mobile Telephone No:

National Insurance Number:

Do you need a work permit to work in the UK?  YES  NO

Do you hold a current full UK Driving Licence?  YES  NO

## SECTION 2 - Present Employment

Present Employment - Should there be any gap in employment please state reason:

Name of Employer:

Address:   
  
 Postcode:

Post Held:

Period of Employment: From:  To:

Salary / Wage:



Name of Employer 2:

Address:   
  
 Postcode:

Post Held:

Period of Employment: From:  To:

Salary / Wage:

**Summary of Duties:**

Reason for leaving:

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Name of Employer 3:

Address:   
  
 Postcode:

Post Held:

Period of Employment: From:  To:

Salary / Wage:

**Summary of Duties:**

Reason for leaving:

## SECTION 4 - Professional Qualifications

### QUALIFICATIONS OBTAINED FROM SCHOOLS, COLLEGES AND UNIVERSITIES.

Name of College or University	Course	Qualifications & Grades Obtained
Name of School	Subjects	Qualifications & Grades Obtained

Continue on a separate sheet if necessary

### PROFESSIONAL QUALIFICATIONS (E.g. Nursing, Allied Health Professional, Social Care, Administration Management)

Name of Professional Body	Part No. with Date and Result	Final with Date and Result	NMC Registration / Enrolment No. / PIN No. (or NI Social Care Council Reg. No.)	Expiry Date	Exams to be Taken

Continue on a separate sheet if necessary



## SECTION 6 - Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

YES

NO

If yes, please give details / dates of offence(s) and sentence:


## SECTION 7 - Convictions / Offences

THE FOLLOWING INFORMATION WILL BE REQUIRED FOR AN ACCESS NI POLICE CHECK BEFORE ANY APPOINTMENT CAN BE CONFIRMED.

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, prosecution, convictions, cautions, even if they happened a long time ago.


Please note that disclosure of a conviction does not necessarily debar any applicant from obtaining employment.

### CONSENT TO ACCESS (NI) CHECK

I understand that an Access NI check must be carried out before my appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed.

I declare that the information I have given is accurate and I consent to the check being made. (There will be a charge to successful applicants for the cost of Enhanced Disclosures)

Signature:

Date:

Nursing Home:

Post Applied For:

## SECTION 8 - References

Please give the names and addresses of two referees, one of which **must** be your most recent employer. If you are unable to do this, please clearly outline who your references are.

Reference 1 - Previous Employer	
Name:	<input type="text"/>
Position (Job Title):	<input type="text"/>
Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>
Telephone No:	<input type="text"/>

Reference 2	
Name:	<input type="text"/>
Position (Job Title):	<input type="text"/>
Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>
Telephone No:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview?  YES  NO

Are you willing for this referee to be approached prior to the interview?  YES  NO

## SECTION 9 - Declaration

I HEREBY CERTIFY THAT:

- All the information given by me on this form is correct
- All questions relating to me have been accurately and fully answered

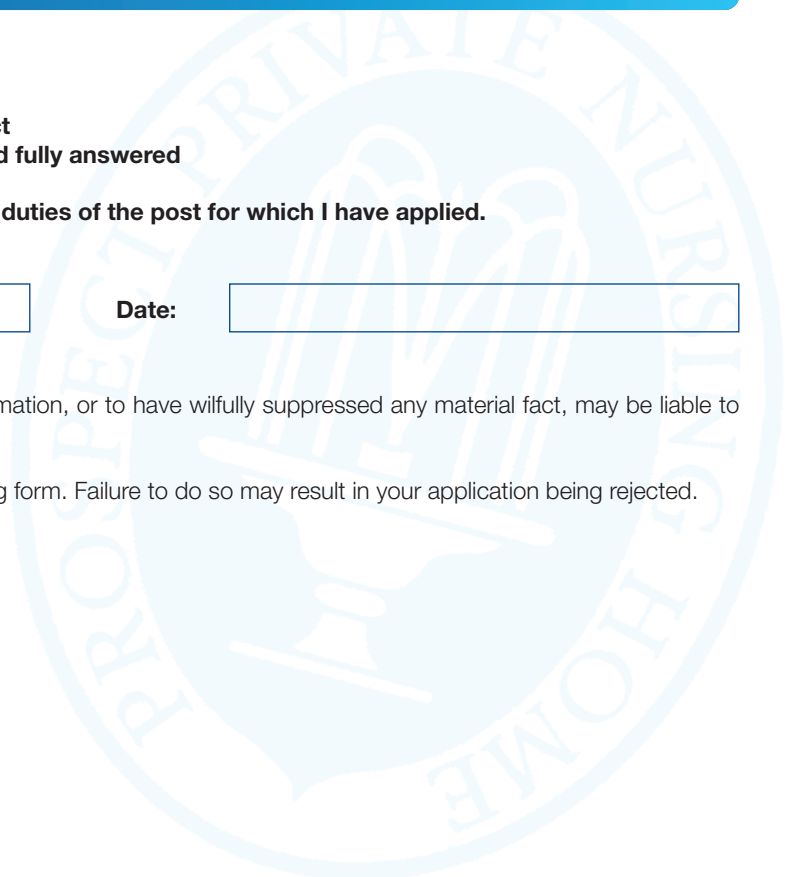
I am physically and mentally capable of carrying out the duties of the post for which I have applied.

Signature:

Date:

**NOTE:** 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.

Please ensure that you complete in full the attached monitoring form. Failure to do so may result in your application being rejected.



**FOR OFFICIAL USE ONLY:**

**Applicant Successful:**

**Interview Date:**

**Rate of Pay:**

**Date of Referee Sent:**

**Access NI Date Sent:**

**Applicant Unsuccessful:**

**Start Date:**

**Temp / Perm / Relief:**

**Date of Referee Returned:**

**Access NI Date Returned:**



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Nursing Home**

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**[www.prospectnursinghome.co.uk](http://www.prospectnursinghome.co.uk)**

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