

PRIVATE & CONFIDENTIAL

**Nicholas Rothwell House
290 Harborough Road
Northampton
NN2 8LR**

Post Title	
Full name and address	Date of birth
Telephone numbers Home Work	
References Please give the name and address of two referees at least one should be your present or most recent employer	
First referee	Second referee
Capacity in which referee is known	Capacity in which referee is known
A report from your present employers will be required but we will not approach them without your permission	

Education			
From	To	School, College, Higher Education	Qualifications

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Please give details of all training courses you have attended in particular you should detail any courses you have attended in manual handling techniques and the use of aids for moving residents. The original of any certificate must be submitted with your application

Date	Name and address of training establishment	Qualification obtained

Previous Employment Please give details in chronological order				
From	To	Name & address of employer	Position held. summary of duties	Reason for leaving

Present Employment			
From	To	Name & address of employer	Position held summary of duties
			Reason for leaving

To your knowledge have you ever been exposed to asbestos or any biological agent, either through your previous employment or otherwise?

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Health

If you are applying for the position of Care Assistant or Senior Carer, you should be aware that it is an intrinsic function of the job that you are physically capable of lifting objects and moving patients, in accordance with our health and safety procedures.

In accordance with Section 60 (6) (b) of the Equality Act 2010, please use the space below to tell us if you currently suffer, or have previously suffered, with any medical condition which might affect your ability to carry out this function of the job. This includes any relevant condition for which you have taken medication, had an operation, or undergone any other form of treatment.

If you feel that you could carry out this function if a reasonable adjustment was made for you, please detail the reasonable adjustment you believe we could make in the space below.

Date	Nature of illness or medical condition (including treatment)	Effect on your ability to lift / carry / move objects	Any reasonable adjustments that would enable you to overcome this effect

We have a duty to protect the health and safety of our residents and visitors. If you currently suffer, or have previously suffered, by being exposed to any infectious disease which might pose a risk to the health and safety of our residents and visitors, please provide details here.

Date	Nature of exposure: e.g. Name of disease / When / For how long

Spare time interests

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Due to the nature of this work clearance will be needed from the Criminal Records Bureau and Protection for Vulnerable Adults. Nicholas Rothwell House will pay for clearance.

Have you ever had any criminal convictions?

Yes

No

I confirm that to the best of my knowledge, the information given on this form is true and correct and can be treated as part of my subsequent Contract of Employment

Signed

Date

Please return this form marked confidential to;

**The Manager
Nicholas Rothwell House
290 Harborough Road
Northampton NN2 8LR**

*The Ancient Parish of St Giles Northampton
Established 1548
Registered Charity Number 202540*