

**Manor Place Nursing Home**  
 116 Church Lane East, Aldershot, GU11 3HN  
 Tel : 01252 319738, Fax : 01252 327899  
 Email : info@manorplacecare.co.uk

**APPLICATION FORM**

**APPLICATION FOR POST OF:** .....

**SECTION 1 Personal details**

<b>Surname:</b>	<b>Address:</b>
<b>Forenames:</b>	<b>Postcode:</b>
<b>Tel Home:</b>	<b>Tel Mobile:</b>
<b>National Insurance No.</b>	<b>PIN No. ....</b> <b>Expiry Date: ....</b>
<b>Are you entitled to work in the UK?</b>  <p align="center">YES      NO</p>	<b>Passport No. ....</b> <b>Work Permit No. ....</b> <b>Expiry Date: ....</b>

**SECTION 2 Employment History**

Name & Address of current employer	Job Title & Brief Description of Duties	Reason for Wishing to Leave

**Previous Employment (most recent first)**

Name & Address of Employer	Job Title	Date Started	Date Left	Reason for Leaving

### SECTION 3 Education & Training

Schools (Secondary)	Date From	Date To	Examinations & results
Further Education (College & University)	Date From	Date To	Courses & Results

**Additional Professional Qualifications and/or Memberships Obtained (Give Dates)**

**Details of any other Courses Attended (which are relevant to the post applied for)**

### SECTION 4 Additional Information

**Please indicate any additional information you wish to give in support of your application. Describe how you consider your past experience, training or outside interests may be helpful to you in the position.**

### SECTION 5 Recruitment Source

**Where did you learn of this vacancy?**

## SECTION 6 Referees

Please give details of TWO persons who should not be related to you and who have consented to act as referees on your behalf. One referee must be your employer (if currently employed, your last employer). If you have just completed full time education, the Head/Principle and/or Tutor should be given.

### CURRENT/LAST EMPLOYER(where applicable)

Name: .....

Address: .....

.....

.....

Tel No. ....

Fax No. ....

### SECOND REFEREE

Name: .....

Address: .....

.....

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Tel No. ....

Fax No. ....

## SECTION 7

### Declaration for the Rehabilitation of Offenders Act 1974 (POVA Scheme)

The post for which you are applying is covered by the Protection of Vulnerable Adults Scheme (POVA). It is a **criminal offence** for a person included on the POVA list to apply to work in a care position. The post is also exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Exemptions Order 1975 as amended. This means that **all convictions**, including those that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be declared**.

The information provided will be taken into account in deciding whether to make an appointment or not. It will remain completely confidential and will be considered only in relation to this application.

If your application is successful you will be required to cooperate with us in obtaining a disclosure of criminal convictions from the Disclosure and Barring Service and in checking your details against the POVA register.

## Declaration

Are you included or provisionally included on the POVA list?

Answer YES or NO \_\_\_\_\_

Have you ever been convicted in a court of law or accepted a police caution, reprimand or final warning in respect of any offence?

Answer YES or NO \_\_\_\_\_ If YES, please give details:

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Have you previously had any other surname(s) or forename(s)? You must declare all of them below and state the date of each change and the reason.

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Registration/PIN Number (if applicable): \_\_\_\_\_

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### Section 8 Declaration

I declare that the information given on this form is true and complete to the best of my knowledge and agree that any failure to disclose information could ultimately lead to the termination of my employment. I agree to inform you of any additional employment I undertake whilst in this position or of any future change in my medical condition. I agree to you attaching a photograph of myself to any reference request you decide to pursue.

Signed:..... Date:.....