

# Application Form

Thank you for your interest in job opportunities with Blue Brick Healthcare.  
Please complete **all** sections of the application form in **black ink**.

Personal Details		Mr / Miss / Mrs / Ms			Please complete all sections		
Surname:		Phone Number	Home	Mobile			
First Names:							
Address:		Previous * address: (If current address less than 5 years)					
Postcode:		Email:					
Length of time at address:		National Insurance No.					
Date of Birth:		Drivers Licence:	Yes / No				
Give details of Work Permits, VISAs, Leave to Remain etc that allow you to work legally in the UK – include expiry dates.							

\*Please continue on a separate sheet if necessary

The Job you are applying for:			Please complete all sections		
Position/s:		How did you hear about the vacancy? (Please circle)	Advert	Leaflet	
Preferred Shift	Days Nights Eves F/T P/T		Job Centre	Banner	
Care Home:		Do any members(s) of your immediate family currently work at Blue Brick Healthcare? (Please circle and if yes list names)	Website	Friend	YES/NO  1. 2. 3.
Education & Training			Please complete all sections		
School Attended	From	To	Exams passed - Subject	Grades	Year
University/College	From	To	Exams passed - Subject	Grades	Year

<b>Relevant NVQ's Obtained</b>		<b>Other relevant qualifications obtained</b>	
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<b>Employment History (must go back 5 years)</b>			<b>Please complete all sections</b>		
<b>Current or Most Recent</b>	<b>From</b>	<b>To</b>	<b>Position</b>	<b>Notice Period</b>	<b>Reason for Leaving</b>
<b>Name:</b> <b>Address:</b>  <b>Salary:</b>					
<b>Previous Employer:</b>	<b>From</b>	<b>To</b>	<b>Position</b>	<b>Notice Period</b>	<b>Reason for Leaving</b>
<b>Name:</b> <b>Address:</b>  <b>Salary:</b>					
<b>Previous Employer:</b>	<b>From</b>	<b>To</b>	<b>Position</b>	<b>Notice Period</b>	<b>Reason for Leaving</b>
<b>Name:</b> <b>Address:</b>  <b>Salary:</b>					

(Please attach extra sheets if you require more space or use the Additional Information page at the back)

<b>About You</b>	
<b>Why would you like to work for Blue Brick Healthcare?</b>	
<b>How can you make a positive difference to our residents lives?</b>	
<b>What will the residents like about you?</b>	

References *			
	Current/Most Recent Employer	Previous Employer	Personal Reference
Company			
Name			
Position			
Address			
Telephone			
Fax			
Email			

Please do not contact  
until confirmed:




\*Please provide the names and addresses of three referees, one of whom should be **your current or most recent employer** and one other **previous employer**. The other should be a **personal referee**, someone who knows you well. Please **do not give the name of a relative** as a referee. If you are known to your referee by a former name please supply the name by which you were known. We can not process your application unless you provide this information.

Further Information	Please complete all sections	
Are you facing any criminal prosecutions?	Yes – give details	No
Do you have any family or relatives working for us currently	Yes – give details	No
Do you have any spent/unspent convictions or cautions under The Rehabilitation of Offenders Act 1974?	Yes – give details	No
Have you been dismissed from any employment?	Yes – give details	No
Have you ever been or are you currently going through any investigation or disciplinary action?	Yes – give details	No
What period of unauthorised absence have you had in the last two years?	Please give detail	
Are you currently able to conduct the job you are applying for?	No – please give details	Yes
Can we make any reasonable adjustments to avoid you being at a disadvantage in the work place?	Yes – please give details	No

**Additional Information (Please include NMC PIN here if appropriate)**

**Declaration**

I confirm that the information provided on this application form is true and complete, and that I am legally entitled to work in the UK.

I understand that any false statements or deliberate misrepresentations will be regarded as grounds for disciplinary action and/or termination of my employment.

I understand that any offer of employment is subject to satisfactory references and CRB/ISA checks, and I authorise Blue Brick Healthcare to obtain references to support this application once an offer has been made and accepted

I understand that any information given in relation to my application will be held by the Company and falls within the provisions of the Data Protection Act 1998. I also give my consent for my personal information being retained and used to process my application for employment.

<b>Signed</b>		<b>Date</b>
<b>Print name</b>		

**Please return your application form to:**

careers@bluebrickhealthcare.com