

SPRINGLAWN GROUP OF NURSING HOMES

<p align="center">SPRINGLAWN HOUSE NURSING HOME 44 OLD DROMORE ROAD, OMAGH BT78 1RB Tel: 028 8224 4550 Fax: 028 8224 3109</p>	<p align="center">KNOCKMOYLE LODGE NURSING HOME 29 KNOCKMOYLE ROAD, OMAGH BT79 7TB Tel: 028 8224 7931 Fax: 028 8224 7008</p>
<p align="center">HILLVIEW LODGE NURSING HOME 23 OLD MOUNTFIELD ROAD, OMAGH BT79 7EL Tel: 028 8225 1125 Fax: 028 8224 8355</p>	<p align="center">HILLCREST CARE FACILITY 23 OLD MOUNTFIELD ROAD, OMAGH BT79 7EL Tel: 028 8225 1222 Fax: 028 8224 8355</p>

Home Applied to:	
Position Applied for:	
Passport No:	Nat. Ins. No:

(Photocopy of details + passport)

**ATTACH PASSPORT SIZE
PHOTOGRAPH TO APPLICATION**

A. PERSONAL PARTICULARS (Block Capitals)

Surname:		PIN No.	
Forenames:		Expiry Date:	
Address:	Date of Birth:		Age:
	Place of Birth:		Height:
	Nationality:		Weight:
	Marital Status		Sex:
Telephone No:		Maiden Name:	
Home	Business	Age of children:	
Have you a current full driving licence? Yes / No.		Have you ever been convicted of a criminal offence? Yes / No.	
Are you in good health? Yes / No.			
Have you suffered from any serious illness or injury or undergone any operations? Yes / No Please give details:			
Are you prepared to undergo a medical examination if necessary. Yes / No.			
Are you a registered disabled person. Yes / No. If YES give a Certificate Registration No.			
Have you any known Allergies? Please give details:			

EQUAL OPPORTUNITY POLICY

This Nursing Home is an equal opportunities employer. Our policy is to ensure that no job applicant or employee receives less favourable treatment on grounds of sex, marital status, disability or religion nor should they be disadvantaged by conditions or requirements which are not justified and relevant to the job. Selection is based solely on merit.

MONITORING

The Fair Employment Northern Ireland Act (1989) places new duties on employer. Amongst these are:

To monitor workforce composition.

To review composition and recruitment, training and promotion practices on a regular basis.

We fully support this. Monitoring is the means whereby we can demonstrate that we are fair employers and we are asking you to help us to do this by completing the answers to the questions below. The information that you are asked to supply will be treated in the strictest

confidence and protected from misuse. It will be used ONLY for the purpose of monitoring our equality of opportunity in employment policy. This sheet will be detached from the application form before it is sent to the department considering your application.

Answering the questions below is voluntary, but your co-operation would be of great value since the provision of the information is essential in order to enable us to demonstrate that our employment practices are fair and equitable.

Please indicate the community to which you belong by ticking the appropriate box below:

I am a member of the Protestant community	<input type="checkbox"/>
I am a member of the Roman Catholic community	<input type="checkbox"/>
I am a member of neither the Protestant nor the Roman Catholic community	<input type="checkbox"/>

Please indicate your sex by ticking the appropriate box below:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

**PLEASE DO NOT WRITE
ON THIS PAGE.**

PRESENT EMPLOYMENT DETAILS

Present Employer - Name and Address:

.....
.....
.....

Title of Post Held:.....

Date Appointed to this post: Present Salary:

Period of Notice required by present Employer:

Brief description of responsibilities and current duties.

Are you willing to work overtime/weekends/night-duty when required? Yes / No

Are you willing to undertake relevant training? Yes / No

Are you willing to work in any of the Nursing Homes as detailed on top of page one of this application form when required.

EMPLOYMENT RECORD

On this page please list all previous jobs beginning with the most recent:

DATES		NAME OF EMPLOYER	REASON FOR LEAVING
FROM	TO		

and indicate how in your opinion this experience has a bearing on your present application.

POSITION AND BRIEF DESCRIPTION OF DUTIES

FOR FOREIGN NATIONALS ONLY

DO YOU HOLD A REGISTRATION CERTIFICATE UNDER THE
WORKER REGISTRATION SCHEME (WRS)?

YES / NO

*Please enclose copy of certificate.

If awaiting registration please state date of application to Home Office:

List hobbies and any other interests.

REFERENCES

Names and addresses of 2 referees, one of which must be your most recent employer, and who are not related to you, who we can approach for a confidential assessment of your suitability for this job.

Name	Address and Telephone Number	Occupation/Position

DECLARATION BY APPLICANT

Checklist: Completed application; passport size photograph; photocopy of passport details; copy of registration certificate and workers registration scheme; copy of relevant education/training certificates.

I confirm that the above information is correct.

I understand that any false information or deliberate omissions disqualify me from employment or may render me liable to dismissal.

I agree to a police check.

Signed: Dated: