

MARY FEILDING GUILD

APPLICATION FORM FOR EMPLOYMENT

Post applied for:

Closing date for applications:

How did you hear about the job?

Completed forms should be returned to:
 Director - Mary McGloin, Mary Feilding Guild
 103-107 North Hill, Highgate, London N6 4DP

Important Notice, please read:
 This home is committed to providing equality of opportunity in all applicants. We welcome all applications from people who feel they are able to carry out the required duties regardless of previous experience.
 The Guild will apply for a disclosure, detailing all criminal convictions against your name, from The Criminal Records Bureau, should your application be successful.
 Disclosure information will not be used for any other purpose than in connection with this application and a criminal record will not necessarily be a bar to employment.

About You:

Surname:	First Names:
Home address:	
Postcode:	
Home Tel:	Work Tel:
Mob:	Can we ring you at work? YES / NO
e-mail:	

Education:

Tell us about your education and the schools that you attended from the age of 13 (start with most recent)

Name and Address of School, College, University, other institute	Dates from And To	Course studied & grades/qualifications received

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Employment History (continue on a separate sheet if necessary)

Employer's Name And Address	Job title and brief duties (start with most recent)	Start date	End Date

Supporting Statement (continue on a separate sheet if necessary)

Please use this space to tell us more about yourself and to add information that you feel is important in your application to demonstrate your suitability for the post. You should refer to the job requirements.

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Supporting Statement continued:

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References

Please provide us with the names of two people who can provide us with a reference as to your suitability for this post. The first one should be your present (or most recent) employer. You should tell us if this is not the case. Neither of the references will be contacted prior to an offer of employment being made. **Please ensure that you provide correct details to enable us to contact your referees with relative ease.**

Name: Referee's Position: Organisation: Address: Postcode: Tel. no. work: Work email: Is this your current employer? YES / NO In what capacity do you know them?	Name: Referee's Position: Organisation: Address: Postcode: Tel. no. work: Work email: Is this your current employer? YES / NO In what capacity do you know them?
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Health

Regulation 19, Care Homes Regulations 2001 requires that all employees who work in care homes are both physically and mentally fit to undertake their duties. Please answer the following question:

1. How many days were you absent from work due to sickness in the last two years?	Number of Days: Number of episodes of sickness:
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Please note you will be required to complete a medical questionnaire prior to your appointment and may be asked to attend a medical exam.

Declaration

Have you ever been convicted of a criminal offence or received a caution, reprimand or warning or some other action? Yes / No If yes, please provide details below:

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I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false, I am liable to dismissal.

Signed: **Date:**

****Important****

Data Protection Information

The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed. The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal.