



The Queen Alexandra Hospital Home
Boundary Road
Worthing
West Sussex
BN11 4LJ

Tel: 01903 213458 / Email: hr@qahh.org.uk

Strictly Confidential Application for Employment

The Queen Alexandra Hospital Home is an equal opportunities employer

Please complete this form legibly in black ink

| | | | | | | | |
|--|--------------------|--|--|--|-----|-------|-------|
| Position applied for: | | | | Date of application: | | | |
| Preferred Hours: | Full time 37.5 hrs | | Part time (state preferred hours/days) | | Day | | Night |
| Personal Details | | | | | | | |
| Surname | | | First name | | | Title | |
| Maiden name (if applicable) | | | | | | | |
| Address | | | | | | | |
| Post code | | | | | | | |
| Home telephone number: | | | | Mobile number: | | | |
| Email: | | | | | | | |
| National insurance number: | | | | | | | |
| R.N. NMC Pin No (if applicable): | | | | Expiry Date: | | | |
| Do you require a visa? YES/NO If yes, what kind of visa do you require? | | | | Do you require a work permit? YES/NO If yes please give expiry date | | | |

| Employment History | | | | | |
|--------------------|----|-------------------------------------|---------------|--------|--------------------|
| Dates From | To | Employer's name (most recent first) | Position held | Salary | Reason for leaving |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Education | | |
|--|---------------------|---------------|
| Schools, College, University, attended | Examinations passed | Year obtained |
| | | |
| | | |
| | | |
| | | |

Criminal Records Bureau - Any offer of employment is dependent on satisfactory clearance from the Independent Safeguarding Authority and Criminal Records Bureau. Please indicate the identification documents that you can provide:

| | | | |
|------------------------|--|-------------------------|--|
| Passport | | Current utility bill | |
| Driving licence | | Marriage certificate | |
| Birth certificate | | National insurance card | |
| Change of name deed | | P45 / P60 / Payslip | |
| Current bank statement | | Other: | |

References

Please give the name, address, email and contact number of **three** employment referees. References are sought as soon as an offer of employment is made. If you do not wish us to approach your current employer until you give us permission please mark 'X' in the box. Unless you are a school leaver with no previous employment history we do not accept personal references from friends or relatives.

| | | | |
|---|--|---|--|
| 1. CURRENT EMPLOYER Name of referee Address Telephone Email | | 2. PREVIOUS EMPLOYER Name of referee Address Telephone Email | |
| Mark 'X' if you <u>do not</u> wish you current employer to be contacted immediately | | <input type="checkbox"/> | |
| 3. PREVIOUS EMPLOYER Name of referee Address Telephone Email | | Do you have any holidays booked? Yes/No If yes please give dates: | |

Other Information

If you have any form of disability, whether registered or not, is there any support you would require to attend the interview? Yes/No

If YES please specify the support you will need:

Do you have a full UK driving licence? Yes/No

Period of notice required: _____ When are you available to start work? _____

Are you related to any employee of the Queen Alexandra Hospital Home? Yes/No

Have you worked for us within the past 6 months through an employment agency? Yes/No

Workforce Diversity

The Queen Alexandra Hospital Home aims to achieve high recruitment standards by maintaining a diverse workforce and promoting equal opportunities for job applicants staff regardless of age, race, gender, disability, beliefs or sexual orientation.

In order to help us monitor our practices and to provide essential information to the Care Quality Commission we would greatly appreciate you completing this form. The information you give us will be kept in strictest confidence and only be used to provide internal reports on our workforce diversity, to identify improvements in our practices such as recruitment and selection, and to provide anonymous statistics to external bodies when required.

We would like to highlight that this form does not require you to give your name.

You have applied for the following role at QAHH:

Clinical staff (Nurses and HCAs) Support staff Admin/Office Other

Your gender Male Female

Your age 18 – 24 25-44 45 – 55 55+

Your ethnic origin – please tick one box that best describes your ethnic origin

I do not wish to disclose my ethnic origin

White British White other Irish
White and black Carribean White and black African White and asian
Any other mixed background Indian Bangladeshi Pakistani
Any other asian background Carribean African Chinese
Any other black background Other Not known

Your religion/beliefs – please tick one box that best describes your religion/beliefs

I do not wish to disclose my religion/beliefs

Christian Hindu Muslim Buddhist Judaism
Sikh Islamic Atheist Other

Your sexual orientation

I do not wish to disclose my sexual orientation Heterosexual Homosexual/Lesbian

