

# Application For Employment

## Deputy Manager

**At Larchwood Care, we believe in Equal Opportunities for all. Every appointment is made on merit.**

Having read the information pack provided, please complete this form fully outlining all experience you feel is appropriate to the role of Deputy Manager within Larchwood Care. All information will be treated in confidence.

### PERSONAL DETAILS

|                        |  |
|------------------------|--|
| First Name             | Surname  |
| Home Address           |  |
|                        |  |
| Post Code              | Contact Telephone Numbers<br>Home                  |
| National Insurance No. | Work (if appropriate)<br><br>Mobile (if available) |

### EDUCATION

| From | To | Type of school (e.g. Grammar, Secondary, Comprehensive) College / University | Examinations taken and results / Results achieved / degree awarded |
|------|----|--|--|
|      |    |  |  |

Continue on a separate sheet if necessary

**TRAINING** - Please highlight any training you have received which you feel would be relevant to this role

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**DETAILED EMPLOYMENT HISTORY**

Please start with your present or most recent employer and work backwards in time. List all jobs with each employer. Continue on a separate sheet if necessary.

| From  | To | Job Title     |
|---|----|---------------|
| Name and address of employer                        |    |               |
| Main duties, responsibilities and main achievements |    |               |
| Reason for leaving                                  |    |               |
| Current / latest rate of pay                        |    | Notice period |

| From   | To | Job Title |
|--|----|-----------|
| Name and address of employer                   |    |           |
| Type of business                               |    |           |
| Main duties, responsibilities and achievements |    |           |
| Reason for leaving                             |    |           |

| From  | To | Job Title |
|---|----|-----------|
| Name and address of employer                        |    |           |
| Type of business                                    |    |           |
| Main duties, responsibilities and main achievements |    |           |
| Reason for leaving                                  |    |           |

## KEY SKILLS AND ACHIEVEMENTS

**Teamwork** – Please give some examples to demonstrate that you would be a good asset to a team

**Care for others** – What do you think are the most important things when providing care for others?

**Personal Qualities** – What other personal qualities do you have that you think would make you a good candidate for a Deputy Manager role within Larchwood Care? (Please include any additional knowledge or qualifications that you feel are important)

**Main Achievements** – What achievements are you most proud of?

**Have you any criminal convictions: Yes/No**

If yes please give details

(Please note Larchwood Care operates a fair policy on the employment of ex-offenders and It is available upon request.)

**Is there any reason why you cannot work in regulated activity?**

If yes please give details:

If this application is successful, Access NI Disclosure will be required as a condition of employment. A previous criminal record will not necessarily prohibit employment. A code of practice in this regard is available if required. I give consent for an Access NI check and agree to pay £30 if successful for the post.

Signature:

**Have you ever been reported to the NISCC (Northern Ireland Social Care Council?)**

If yes please give details.

**OTHER GENERAL INFORMATION**

**Reasons for applying** – Please explain your main reasons for applying for this role within Larchwood Care.

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**General Health**

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|--|---|
| Please outline ALL health or medical problems, both past and present (continue on a separate sheet if necessary) | How many period of sickness would you have had in the last two years (indicate reasons) |
|  |   |

**Leisure Interests** - Briefly summarise any special interests or hobbies

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**Location**

|   |  |
|---|--|
| – Which of our Nursing Homes would suit you best? | What other locations would you consider working? |
|   |  |

**REFERENCES** - please provide the name of two previous employers whom we can contact for a reference. At least one must be from your current / most recent employer. Your referees will not be contacted without your consent.

|                           |                           |
|---------------------------|---------------------------|
| Name:                     | Name:                     |
| Title and Address:        | Title and Address:        |
| Relationship:             | Relationship:             |
| Contact telephone number: | Contact telephone number: |

**I certify that the above information is correct and can be treated as part of any subsequent contract of employment. Any non disclosure of relevant information could result in termination of employment .**

Signature

Date:

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