



OAK VIEW HOSPITAL

**Confidential
Application Form**

**Oak View
Hospital**

POSITION APPLIED FOR:

<hr style="width: 80%; margin: 0 auto;"/> <p>Print Position Here</p>
<p>Tick one: <input type="checkbox"/> Permanent <input type="checkbox"/> Bank</p>

<p>RETURN A SIGNED COPY BY POST TO: Personnel Dept. Oak View Hospital Oakview Estates, Ltd. Crockenhill Road St Mary Cray Orpington Kent BR5 4EP</p>

PERSONAL DETAILS

Surname		Title (Mr/Dr/Mrs/Miss/Ms)	
Forenames			
Address (for communication)			
Postcode:			
Telephone Number : (Home)			
(Mobile)			
Email address:			
National insurance Number :			
Do you need a work permit?		If Yes, Please state number	
If Yes, what type is it?		Expiry Date:	

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS/INSTITUTES

(please attach copies of certificates).

Name of Association/Institute	Grade of Membership	Year Obtained
Professional Registration Reference Number(Pin Number)		Expiry date:
D.O.B (for registration clarification purposes only)		
<p>Have you or are you currently subject to any fitness to practice proceedings by an appropriate licencing or regulatory body in the UK or any other, or are you aware of any enquiry in progress?</p> <p style="text-align: center;">YES / NO</p> <p>If yes, please provide details of the nature of the proceedings undertaken, or contemplated, including the approximate date, country where the proceedings were undertaken, and the name and address of the Licensing or Regulatory Body concerned. Write this information on a separate sheet, seal it in an envelope marked "Confidential – Proceedings" and attach it to this application form.</p>		

CURRENT EMPLOYMENT

If you have more than one job please give your main job here and attach details of other jobs on a separate sheet.

You must declare all employment, including agency or bank work.

Job title:

Employer's Name:

Date of joining:

Employer's Address:

Salary:

Telephone number:

Grade/Pay Band (if NHS):

Give a brief description of your current duties:

Why do you wish to leave?

PREVIOUS EMPLOYMENT

Give details of previous employment, starting with the most recent. Give dates including both the month and year. If you have gaps in your employment, include details and state why you were away from work. You must account for all gaps in employment. Continue on separate sheet if necessary.

Date (Month/Year)	Name of Employer/Nature of Business (Most recent first)	Details of post, including job title, responsibilities, salary and reason for leaving

REFERENCES:

Please supply the names of two people who are able to provide references relating to your work and your suitability for the position applied for. Your referees **MUST** include your most recent employer

Reference # 1: Current or Most Recent Employer

Name:	Position:
Company:	Telephone No:
Address :	Fax:
	May we contact this referee prior to interview? YES / NO

Reference # 2:

Name:	Position:
Company:	Telephone:
Address :	Fax:
	May we contact this referee prior to interview? YES / NO

EDUCATION/TRAINING: (please attach certificates)

Dates From	To	Awarding body	Qualifications obtained (Date)

FURTHER TRAINING:

Have you undertaken the following training: (* if yes, please attach up to date certificates).

Prevention & Management of Violence and Aggression
NO /YES (Date)

Please list any other training you have undertaken and attach most recent certificates

TRAINING	DATE COMPLETED

KNOWLEDGE, SKILLS AND EXPERIENCE

Please give reasons why you feel particularly suited to this post (Continue on a separate sheet if necessary)

The enclosed job description sets out the main duties and responsibilities of the post. The person specification describes the skills, knowledge and experience required to carry out the role. It is these requirements that form the basis of the shortlisting and interview process.

It is in your interests to ensure that you address fully each of the criteria set out in the person specification. You can provide a CV to cover these points, but make sure it gives all the necessary information in a suitable format.

REQUIREMENTS UNDER THE REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the Oak View facility and the job for which you are applying, the post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Orders 1975. Applicants are therefore, not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act. In the event that you are employed any failure to disclose such convictions could result in disciplinary action or dismissal. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

Do you have any criminal convictions or police cautions? YES / NO

If 'Yes', you must give details of all convictions & cautions. Please do so on a separate sheet (if necessary) and return it with this application form.

Please tell us how you heard about this position (check all that apply)

	Website (specify)_____
	Job Centre (specify)_____
	Journal (specify)_____
	Introduced by_____
	Other(specify)_____

Do you have any relationship with a current or former employee of Oak View? Please specify (for example, relative, friend, colleague, etc)

No / Yes (if yes, specify): _____

Declaration

I understand that an appointment, if offered, is subject to the information I have given on this form being true and correct and that any offer of employment is subject to a satisfactory health report. I understand that withholding or misstating any of the facts called for above may result in the refusal or termination of my employment.

I declare that the information given on this application form is true and correct to the best of my knowledge.

Signature **Date**

YOU MUST ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, PLEASE WRITE "N/A." INCOMPLETE FORMS WILL BE REJECTED.

Oakview Estates, Ltd.
Crockenhill Road
St Mary Cray, Kent BR5 4EP
Company No. 3872364



Tel: 01689 883 180
Fax: 01689 898 497
www.oakviewestates.ltd.uk
www.oakviewhospital.co.uk

The attached "Occupational Health Pre-Employment Questionnaire" should be filled out and submitted in a separate, sealed envelope with your application form.

Please write on the envelope:

FAO OCCUPATIONAL HEALTH,
PRIVATE AND CONFIDENTIAL.



Pre-Employment Questionnaire

MEDICAL IN CONFIDENCE WHEN COMPLETE

Name and status	
Job title	
Date of birth	
Height	
Weight	
Address	
Contact number	

How many days of sickness did you have in the last year?	
How many episodes of sickness	
If you smoke, please state how many per day?	
If you drink, please state how many units per day. 1 pint = 2 units 1 short or glass of wine = 1 unit)	

If YES is answered to any of the following questions please tick and give details on page 3:	√
1. Have you ever left, or been denied a job or retired on the grounds of ill-health?	
2. Have you ever been denied a driving licence on health grounds?	
3. Have you consulted your Doctor in the past 12 months?	
4. Are you currently receiving medical treatment?	
5. Are you currently attending an out-patient clinic, or on a hospital waiting list?	
6. Have you ever suffered from any work related health condition?	
7. Have you ever been treated for excessive use of alcohol or abuse of addictive substances?	
8. Have you difficulty standing/walking, lifting, stair climbing, driving or using your hands?	
9. Have you experienced any difficulty with reading or written material?	
10. Are you colour blind to any degree?	
11. Do you have regular dental checks?	

If you have suffered from any of the following please tick and give details of treatment and resulting days off work below:
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12. Heart disease of any kind?	
13. High blood pressure?	
14. Asthma, bronchitis or pneumonia?	
15. Indigestion?	
16. Frequent diarrhoea or constipation?	
17. Any form of bowel disease?	
18. Jaundice, gall bladder disease or hepatitis?	
19. Hernia?	
20. Kidney disease or stones?	
21. Bladder or other urinary problems?	
22. Tropical diseases?	
23. Back problems?	
24. Neck or limb problems?	
25. Rheumatism or arthritis?	
26. Migraine or recurrent headaches?	
27. Epilepsy or flicker epilepsy?	
28. Anxiety or depression requiring treatment?	
29. Stress at home or work?	
30. Other psychological problems?	
31. Eye disease or infection?	
32. Hearing impairment or ear disease?	
33. Dermatitis, eczema or psoriasis?	
34. Allergic conditions?	
35. Diabetes?	
36. Blood disorder e.g. anaemia, haemophilia?	
37. Any form of cancer?	
38. Any condition requiring surgery?	
39. Have you had an illness or accident that required admission to a hospital or clinic?	

40. Are there any medical conditions that seem to run in your family?	
41. Have you ever had any other medical conditions?	
42. Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting results?	

Use this area regarding the above questions or details of any other health conditions:

OCC HEALTH CONFIDENTIAL

IMMUNISATION HISTORY

The following immunity level results are required via your previous employment or GP:

Hepatitis B – for all hospital staff apart from administrative.

Varicella (chickenpox) - for all clinical staff working with children.

Rubella (German measles) - for all clinical staff working with children.

Have you had a BCG vaccination?	
Do you have a visible scar?	
Have you had a Hepatitis B course?	

HEALTH DECLARATION

Please read this statement before signing.

I declare that all the foregoing statements are true to the best of my knowledge. I accept that in the event of my being employed and if subsequently being shown that the medical information has not been disclosed by me, or has been misleading or false that I become liable to disciplinary proceedings, which may include dismissal.

I understand that I may be required to attend for consultation and physical examination if so requested by the Occupational Health Service.

I understand that this form will be retained by the Occupational Health Service and that further medical information may be required from my doctor if considered necessary and subject to my consent.

I understand that commencement of employment may be delayed or refused if I do not produce evidence of my immunity to Hepatitis B or commence a course.

I understand that only a written statement giving a decision as to my fitness to be employed in the stated job role will be passed to the employer, together with any recommendations, adjustments or modifications to the job, if required on health grounds.

Signature _____

Date _____

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The attached "**Equal Opportunities Monitoring Form**" should be filled out and submitted in a separate, sealed envelope with your application form.

Please write on the envelope:

FAO EQUAL OPPORTUNITIES,
PRIVATE AND CONFIDENTIAL.

Equal Opportunities Monitoring Form

Oak View is committed to achieving equal opportunities in service provision and employment. It is the policy of the hospital to ensure that no job applicant receives less favourable treatment on grounds such as age, colour, disability, ethnic origin, family circumstances, marital status, national origin, race, religion, sexual orientation or social status class.

In order to assist the hospital in monitoring its Equal Opportunities Policy, all applicants are requested to answer the following questions voluntarily. This information will be used solely for monitoring purposes and will be treated as confidential. This sheet will be separated from your application form on receipt.

Application for the post of : _____

Nationality: _____

1. Please indicate the category which you feel best describes your ethnic origin:

<u>White</u>
<input type="checkbox"/> British
<input type="checkbox"/> English
<input type="checkbox"/> Scottish
<input type="checkbox"/> Welsh
<input type="checkbox"/> Irish

<u>Other White Background</u>
<input type="checkbox"/> Spanish
<input type="checkbox"/> Italian
<input type="checkbox"/> Portuguese
<input type="checkbox"/> Cypriot (part not stated)
<input type="checkbox"/> Greek (inc. Greek Cypriot)
<input type="checkbox"/> Turkish (inc. Turkish Cypriot)
<input type="checkbox"/> Bosnian
<input type="checkbox"/> Kosovan
<input type="checkbox"/> Romany
<input type="checkbox"/> Armenian
<input type="checkbox"/> Kurdish
<input type="checkbox"/> Traveller
<input type="checkbox"/> Other Mediterranean
<input type="checkbox"/> Other Former Yugoslav
<input type="checkbox"/> Other Former USSR
<input type="checkbox"/> Other White Background

<u>Asian</u>
<input type="checkbox"/> Indian/British Indian
<input type="checkbox"/> Pakistani/British Pakistani
<input type="checkbox"/> East African Asian

<input type="checkbox"/> Mixed Asian
<input type="checkbox"/> Punjabi
<input type="checkbox"/> Kashmiri
<input type="checkbox"/> Sinhalese
<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Tamil
<input type="checkbox"/> Bangladeshi/British Bangladeshi
<input type="checkbox"/> Other Asian/British Asian

<u>Black Caribbean</u>
<input type="checkbox"/> Jamaican
<input type="checkbox"/> Other Caribbean

<u>Black African</u>
<input type="checkbox"/> Angolan
<input type="checkbox"/> Congolese
<input type="checkbox"/> Eritrean
<input type="checkbox"/> Ethiopian
<input type="checkbox"/> Ghanaian
<input type="checkbox"/> Kenyan
<input type="checkbox"/> Madagascan
<input type="checkbox"/> Nigerian
<input type="checkbox"/> Somali
<input type="checkbox"/> South African
<input type="checkbox"/> Sudanese
<input type="checkbox"/> Tanzanian
<input type="checkbox"/> Ugandan
<input type="checkbox"/> Other African

over→

Other Black Origin
<input type="checkbox"/> Black British
<input type="checkbox"/> Black Irish
<input type="checkbox"/> Other Black Origin

Mixed Background
<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Asian
<input type="checkbox"/> Black and Chinese
<input type="checkbox"/> Black and White
<input type="checkbox"/> Chinese and White
<input type="checkbox"/> Asian and Chinese

Other Ethnic Groups
<input type="checkbox"/> Afghani
<input type="checkbox"/> Arab
<input type="checkbox"/> Fillipion
<input type="checkbox"/> Iranian
<input type="checkbox"/> Iraqi
<input type="checkbox"/> Japanese
<input type="checkbox"/> Latin American
<input type="checkbox"/> Moroccan
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Any Other Group

2. Male Female Do not wish to reply

3. Do you consider that you have a disability?

Yes No Do not wish to reply

If yes, please state the nature of your disability: _____

4. Please state your date of birth: _____

Do not wish to reply