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[www.middletonhallretirementvillage.co.uk](http://www.middletonhallretirementvillage.co.uk)

Dear Applicant

Thank you for the interest that you have shown in working for Middleton Hall Retirement Village.

A copy of the job description is enclosed. Please take time to read this to give you an understanding of what will be required of you should you succeed in your application.

Please complete all sections of the application form, if there is not enough space please use the blank sheet at the end of the application form or attach a copy of your CV.

Once completed please return by the closing date either:

If you have downloaded this from our website please first save the completed form onto your computer and then attach this to an email and send to:

[recruitment@middleton-hall.com](mailto:recruitment@middleton-hall.com)

or print and post to: Personnel Department  
Middleton Hall Retirement Village  
Middleton St George  
Darlington  
Co Durham  
DL2 1HA

**APPLICATION FOR EMPLOYMENT**

Please complete ALL sections. The contents of this form will be treated as confidential.

STATE POSITION YOU ARE APPLYING FOR	PREFERRED HOURS OF WORK
<p>..... (Care/kitchen/maintenance etc)</p>	<p><b>Full-time</b> (30hrs +) <input type="checkbox"/> <b>Part-time</b> (30 hrs -) <input type="checkbox"/> <b>Nights</b> <input type="checkbox"/> <b>Bank</b> <input type="checkbox"/> (Sometimes you may be required to work different shifts to cover for sickness/holidays or staff shortages)</p>

**Personal Information**

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
First Name:	Surname:
Address:	
Telephone Number:	Mobile:
National Insurance Number:	Pin No (Qualified Nurse):
Are you eligible to work in the United Kingdom? (proof may be requested at interview)    YES <input type="checkbox"/> No <input type="checkbox"/>	
Do you require a work permit?    YES <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a current driving licence?    YES <input type="checkbox"/> No <input type="checkbox"/>	
If there are any endorsements on your driving licence, please give details:	

**Education History**

School (s) Attended	Dates of attendance	Qualifications Gained
College/University attended	Dates attended	Qualifications Gained

**Full Employment History**

PRESENT EMPLOYER	
Job title & duties:	
Name & Address of Employer	Date started:  Rate of pay:  Period of notice required:
Reason for leaving:	

**Previous Employment** – List ALL your employment history and explain any breaks in employment.

Name & Address of Employer	From	To	Job Title & Duties	Rate of pay	Reason for Leaving

*Continue on blank sheet at the end of application form if necessary*

**General Comments**

Please detail your reasons for applying for this position, your main achievements to date and strengths you would bring to this post.  
This is your opportunity to bring to our attention any qualities you believe we should be aware of. Do not feel under any obligation to complete this section if you believe the rest of this form has brought out these qualities in sufficient detail.

**Leisure**

Please give details of your leisure interests, sports, hobbies and other pastimes.

**References – TWO REFERENCES MUST BE SUPPLIED**

One of your references must be a senior member from your current or last employer.  
The other reference could be a previous employer, an educational representative, or any other professional person. **No two references should be from the same place.**  
*(References will only be taken up if your application is successful)*

Name: Address:  Position held:  Tel No: Fax No: Email address:	Name: Address:  Position held:  Tel No: Fax No: Email address:
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## Health Details

Doctors Name & Address	
Please list any diseases, disorders or allergies from which you have suffered or do suffer.	
Are you afraid of heights or confined spaces? If so please give details.	
Please give details of any medication you are currently and/or regularly receiving.	
Please list all absences from work in the past 12 months and the reasons for these absences.	
Have you ever suffered from back/neck pain or injury? Please give details.	
Please give the date of your last tetanus injection.	
Please give the date of your last Hep B injection.	
Do you have any disabilities, or any other difficulty, (e.g. dyslexia/reading/writing), that might affect your application? ?	YES <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details, including registered disabled number (if applicable):	
If you have a disability, please tell us if: A. There are any reasonable adjustments we can make to assist you in your application  B. There are any reasonable adjustments we can make to the job itself to help you carry it out	

## Criminal Record

Do you have a criminal record? YES <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details. You must include all police records of convictions, cautions, reprimands and warnings either spent or unspent under Rehabilitation of Offenders Act 1974. (This information is treated in the strictest confidence).
Any position which requires, as part of normal duties, caring for, supervising or being in sole charge of vulnerable adults will require a Criminal Records Bureau (CRB) check to be undertaken and provision of a suitable disclosure document. The Protection of Vulnerable Adults Act will apply in this case. Please confirm your acceptance of this check by signing below.  Full Name: _____ Date: _____  Signature: (please leave blank for signature at interview)

**Next of Kin**

Please give details below of the person we can contact in the event of an emergency:	
Name:	Telephone number:
Address:	Daytime:
	Evening:
Relationship:	Mobile:

**General**

Please tell us how you found out about this vacancy.

**Data Protection**

To comply with the Data Protection Act 1998, we can confirm that the information provided in this application will only be used to assist us with your application. If your application is unsuccessful, the information will not be kept for longer than necessary, after which time it will be destroyed. If your application is successful, the information will form part of your personnel file and we will be entitled to use it for all purposes in connection with your employment. We are required under the Act to obtain your consent to use the information for the above purposes and on the above terms.

<b>DECLARATION</b> <b>(please read carefully before signing the application)</b>	
I confirm the above information is complete and correct and any untrue or misleading information will give my employer the right to terminate any employment contract offered.	
I authorise you to contact my doctor for further details and confirmation of my state of health.	
I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties. I have given my explicit consent freely.	
I authorise you to contact the above two stated referees.	
I consent to the use of my personal information for the purposes and terms set out above	
Full Name:	Date:
Signature: <i>(please leave blank for signature at interview)</i>	

## Middleton Hall Equal Opportunity Form

We are an equal opportunities employer. We have a policy to ensure no job applicant or employee receives less favourable treatment on the grounds of sex, disability, marital status, civil partnership, colour, race, or ethnic origin, age, nationality, religion, religious belief, sexual orientation, gender re-assignment or is disadvantaged by conditions or requirements that cannot be shown by us to be justifiable.

We frequently review selection criteria and procedures to ensure that individuals are selected, promoted and treated on the basis of their relevant merits.

All our employees are given equality of opportunity and are encouraged to progress within the organisation. We are committed to an ongoing programme of action to make this policy fully effective.

To ensure this policy is fully and fairly implemented and monitored and for no other reason, would you please complete the table below. (Please note this is not compulsory.)

***(Please tick the box / enter the information to the right of your selection)***

**I would describe my sex and ethnic origin as:**

<b>Male</b> <input type="checkbox"/>		<b>Female</b> <input type="checkbox"/>	
<b>A. WHITE</b>			
British <input type="checkbox"/>	Irish <input type="checkbox"/>	Any other White background (Please specify) <input type="checkbox"/>	
<b>B. MIXED</b>			
White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Any other Mixed background (Please specify) <input type="checkbox"/>
<b>C. ASIAN OR ASIAN BRITISH</b>			
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Asian background (Please specify) <input type="checkbox"/>
<b>D. BLACK OR BLACK BRITISH</b>			
Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other Black background (Please specify) <input type="checkbox"/>	
<b>E. CHINESE OR OTHER ETHNIC GROUP</b>			
Chinese <input type="checkbox"/>	Any other <input type="checkbox"/> (Please specify)		
<b>F. ARAB OR MIDDLE EASTERN DESCENT</b>			
Arab <input type="checkbox"/>	North African <input type="checkbox"/>	Iraqi <input type="checkbox"/>	Kurdish <input type="checkbox"/>
Any other Middle Eastern background (Please specify) <input type="checkbox"/>			

Date of Birth

Full Name

Job Applied For

Date

*When completed, please return this form to us, together with your Application Form*

