

Please complete this application form clearly in black ink and in your own handwriting and return to:

**Sonnet Care Homes (Essex) Ltd,  
Deanery Hill, Bocking, Braintree, CM7 5SR**

## 1. Application

Position applied for

How did you hear of the vacancy?

## 2. Prepared to Work

Full time

Part time

Hours Per Week

Days

Nights

## 3. Personal Details

Full Name (*family name underlined*)

Address

  


Post Code

Email Address:

Telephone Numbers:

Home:

Mobile:

Birth Certificate :

Country of Issue:

No:

Passport :

Country of Issue:

No:

***Please bring originals of both the above documents with you for inspection if invited for interview.***

National Insurance No:

Do you hold a current UK driving license?

Yes

No

## 4. Rehabilitation of Offenders Act 1974

The position you are applying for is exempt from the Rehabilitation of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record, even if "spent" need to be disclosed. You are obliged to now disclose any details if at any time you have been arrested, charged with or summonsed for a criminal offence of any nature. Please tick as applicable

- ❖ I have not received a warning, caution, reprimand or final warning from the Police, Department of Education and Skills or the Department of Health
- ❖ I am not waiting to appear in Court for an offence
- ❖ I do not have any "spent" convictions
- ❖ I understand that a Disclosure and Barring Service (DBS) check will be made on me as part of the application process.

Details of any disclosure you wish to make reference points above.

**5. Right to Work under the UK Asylum and Immigration Act 1996**

Do you require a work permit to work in the UK?

Yes

No

If yes, please give details of your authority to work in the UK

**6. Education and Qualifications**

Secondary Education Establishment

Qualifications obtained  
*(i.e. GCSE Maths Grade A)*

Level &  
Date  
Achieved

Higher/Further Education  
Establishment

Qualifications obtained  
*(i.e. NVQ; 'A' Level Grade A)*

*Certificates will be requested for  
Care NVQs*

Level &  
Date  
Achieved

University Attended

Degree obtained  
*(i.e. BA History 2:1)*

Level &  
Date  
Achieved

Professional Bodies

*Please give details of organisations of  
which you are a member*

Member  
Number

Status of Membership

Professional Body

Member  
Number

Status of Membership

Qualified Nurses only  
NMC Pin No.

Expiry  
Date

**7. Employment History since leaving school (most recent first)**

Current/Last Employment

Job Title

Name & Address of Employer

  


Post Code

Employment Details

Start Date:

Notice:

Salary/Hourly Rate:

Benefits:

Reason for Leaving:

Brief Description of Duties:

Previous Employment 1

Job Title

Name & Address of Employer

  


Post Code

Employment Details

Start Date:

Left:

Reason for Leaving:

Brief Description of Duties:

Previous Employment *(continue on a separate sheet if required)*

Employers Name & Address	Post Held	From	To	Reason for Leaving

Please comment on any gaps in your employment history

**8. Supporting Information** *(continue on a separate sheet if required)*

In this section please give your reasons for applying for this post and additional information which shows you match the person specification of the job. This can include relevant skills, knowledge, experience, voluntary activities and training.

**9. Declaration of Other Interests**

Please declare below if you are related to a Director or Employee of Sonnet Care Homes (Essex) Limited, or if you are currently employed by another organisation not declared in your Employment History or if you have previously worked for Anglia Retirement Homes or Sonnet Care Homes either on a temporary or permanent basis.

**10. References** *(One reference must be from your most recent employer)*

<b>Current/Last Employer:</b>	<b>Name</b>	<input type="text"/>
	<b>Job Title</b>	<input type="text"/>
	<b>Name &amp; Address of Employer</b>	<input type="text"/>
		<input type="text" value="Post Code"/>
	<b>Email Address of Employer (if known)</b>	<input type="text"/>
	<b>Telephone Number</b>	<input type="text"/>
		<b>Contact prior to Interview</b> <input type="checkbox"/> <i>Please tick if you agree</i>

<b>*Previous Employer:</b>	<b>Name</b>	<input type="text"/>
	<b>Job Title</b>	<input type="text"/>
	<b>Name &amp; Address of Employer</b>	<input type="text"/>
		<input type="text" value="Post Code"/>
	<b>Email Address of Employer (if known)</b>	<input type="text"/>
	<b>Telephone Number</b>	<input type="text"/>
		<b>Contact prior to Interview</b> <input type="checkbox"/> <i>Please tick if you agree</i>

- If you have not had a previous employer please provide details of a personal referee we may contact

**11. Declaration**

By submitting this application for employment you are declaring that the information contained in the application form is true, complete and accurate, and you understand that if any particulars are found to be false, you may be regarded as ineligible for recruitment or dismissed after employment.

**Signature:**

**Name in Full:**

**Date:**

# Monitoring Form

## 1. Equality and Diversity Monitoring

Sonnet Care Homes aims to provide equal opportunities and fair treatment for all of its employees and applicants for employment, regardless of race, sex, disability, sexual identity or marital status. In order to achieve these aims we monitor staff and applicants for employment. As part of this monitoring process we ask for your co-operation in completing this form. We assure you that the information provided will not form the basis of any part of selection; all information on the form will be regarded as confidential; this monitoring information will only be used for statistics.

Do you consider yourself to be Male  Female

Date of Birth  Age

**Ethnic Origin** (please tick the box which best describes your ethnic origin)

- |  |  |  |
|--|--|--|
| White British <input type="checkbox"/>                   | Mixed – White & Black Caribbean <input type="checkbox"/> | Asian/Asian British – Indian <input type="checkbox"/>      |
| White Irish <input type="checkbox"/>                     | Mixed – White & Black African <input type="checkbox"/>   | Asian/Asian British – Pakistani <input type="checkbox"/>   |
| White Other <input type="checkbox"/>                     | Mixed – White & Asian <input type="checkbox"/>           | Asian/Asian British – Bangladeshi <input type="checkbox"/> |
|  | Mixed – Other <input type="checkbox"/>                   | Other Asian Background <input type="checkbox"/>            |
| Black/Black British – Caribbean <input type="checkbox"/> |  | Chinese <input type="checkbox"/>                           |
| Black/Black British – African <input type="checkbox"/>   |  | Other <input type="checkbox"/>                             |
| Black/Black British – Other <input type="checkbox"/>     |  |  |

**Religion or Belief** (please tick the box which best describes your religion or belief)

- |                                      |                                   |                                 |   |
|--------------------------------------|-----------------------------------|---------------------------------|---|
| No Religion <input type="checkbox"/> | Buddhist <input type="checkbox"/> | Jain <input type="checkbox"/>   | Other (please specify) <input type="checkbox"/> |
| Christian <input type="checkbox"/>   | Hindu <input type="checkbox"/>    | Muslim <input type="checkbox"/> | <input type="text"/>                            |
| Jewish <input type="checkbox"/>      | Bahai <input type="checkbox"/>    | Hindu <input type="checkbox"/>  | Prefer not to say <input type="checkbox"/>      |

### Health Condition

Do you consider yourself to have a health condition within the meaning of the Disability Discrimination Act (1995)? Yes  No

If yes please provide details below:

## 2. Confidential Medical Condition Monitoring

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information you have given, you may be referred to a doctor appointed by you so that a medical examination can be carried out.

A	Have you ever	Yes	No	Please give details
1.	Had an operation?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Been seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Had a serious physical or mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Received in-patient treatment for a physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Been refused or dismissed from employment for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Received a disability pension?	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Had a disability?	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Been made ill by your work?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Been refused a driver's licence because of ill-health?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Been immunised/vaccinated against any infectious illness such as influenza or hepatitis? (excluding COVID-19, see below). Include dates	<input type="checkbox"/>	<input type="checkbox"/>	
11	Lived overseas? <i>If yes, you may need to assess the risks of infection from the country or countries in question</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you prepared to be vaccinated against any infectious illness that you might be at risk of catching through your work? If not, please give reasons		<input type="checkbox"/>	<input type="checkbox"/>	

What are the dates of all your COVID-19 vaccinations?  
Proof of vaccination is required before employment can be offered

Have you suffered from or ever had?

Heart Trouble	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Back Trouble	<input type="checkbox"/>
Lung Trouble	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Ear Trouble	<input type="checkbox"/>
Stomach Trouble	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Skin Rashes/Eczema	<input type="checkbox"/>	Eye Trouble	<input type="checkbox"/>
Do you take medicine regularly? Yes		<input type="checkbox"/>	No	<input type="checkbox"/>	Suffer from other ailments		Yes <input type="checkbox"/> No <input type="checkbox"/>

## 3. Declaration

To the best of my knowledge and belief, the information given above is correct. I understand that if this information is inaccurate or found to be false I may be found ineligible for recruitment or dismissed from employment

Signature:

Name in Full:

	Date