



Bernhard Baron Cottage Homes

Care Amongst Friends

Eastbourne Road, Polegate,
East Sussex, BN26 5HB
Tel : 01323 483613
E: enquiries@bbch.co.uk
W: www.bbch.co.uk

Application Form

Post Applied for			
First Names		Surname	
Title:	Mr/Mrs/Miss/Ms/Other <i>*(delete those that do not apply)</i>	Date of birth:	
Address		Postcode	
E-mail		Telephone	
How may we contact you?	Email -Telephone - Mobile	Mobile	
Do you need a Work Permit?	Yes / No	Nationality	
- If yes please provide details		National Insurance No	

Name and address of present employer

Name

Address.....

.....

Job title Salary/Wage

Date commenced Notice Required:

What date would you be available for work?

Briefly describe your present job: Main purpose/duties/responsibilities.

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Reason for Leaving

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Qualifications: Education and Training (Including those not relevant to this post).

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Attendance/Sickness Absence

Please give the number of days and reason for absence over the last 12 months

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Health History*

Are you in good health?

YES/NO

Are you currently undergoing treatment from a doctor or hospital:

YES/NO

If yes please outline details

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.....

Give details of any illness or injury for which you have previously had hospital treatment

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Are there any disabilities which may affect your application?

YES/NO

Please describe disabilities:

.....

***The withholding of any relevant health history could lead to dismissal at a later date in employment.**

Rehabilitation of Offenders Act 1974 – Exemption from Section 4(2)

This employment is exempted from the above and employees are not therefore entitled to withhold information about “spent” convictions. If you have ever been convicted of an offence by a court of law, please give details. *If you have not, please write “No Convictions”.*

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Failure to disclose convictions could result in dismissal or disciplinary action.

Outside Interests/Activities

Please give details of outside interests and activities including hobbies and pastimes.

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Why do you think you are suitable for this post:

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If offered this position will you continue to work in any other capacity? YES/NO

If Yes please give details

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.....

I declare that the information given on this Application Form is true and correct. I understand that any false or misleading information given in this application may render my Contract of Employment liable to termination.
I am prepared to undergo a medical examination if required and confirm that to the best of my knowledge there are no medical reasons which would prevent me from undertaking duties of the post.

SIGNED: DATE:

**Please return to: Personnel Department
Bernhard Baron Cottage Homes,
Eastbourne Road, Polegate, East Sussex BN26 5HB**