# Application for Employment:

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| The information disclosed within this application form may be used in conjunction with a DBS Enhanced Disclosure Application.  **Please fill in the application form, in black ink.** |

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| Position applied for: Care Assistant |
| No. of hours wanted: 37.5 |

**PERSONAL DETAILS**

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| --- |
| Title: Mr/ Mrs/ Miss/Dr – |
| Surname - Marital Status - |
| Forename(s) |
| Mothers Maiden Name: |
| Previous Names |
| If Yes Birth Surname: |
| Birth Forename: |
| Has your Surname changed since birth? |
| Home Address – |
|  |
| Postcode - |
| Moved to this address on |
| Previous address |
|  |
|  |
| Your email address (if any) |
|  |
| Home Telephone - |
| Mobile Telephone - |
| Work / Other Telephone - |
| Nationality - INDIAN |
| Has nationality changed since birth? No |
| Country of Birth - Date of Birth – |
| Work Permit No (If Applicable) |
| Passport number – N6305398 Country of issue - |
| National Insurance Number |
| Do you hold a current U.K driving Licence? |
| Driving Licence Number - |
| Do you have the use of a car? |

## NEXT OF KIN

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| --- |
| Full Name |
| Relationship |
| Home Address |
|  |
|  |
| Postcode |
| Home Telephone |
| Mobile |

**EMPLOYMENT HISTORY** (Most recent first)

Please give a full and continuous employment history since leaving full time education explaining any gaps or breaks.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date | Finish Date | Position Held | Employer Name and Address | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
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Please attach additional sheets if needed

### PROFESSIONAL QUALIFICATION

Please enter in the sections below, only qualifications relevant to the position for which you are applying.

|  |  |  |
| --- | --- | --- |
| NMC Pin Number | Part Register | Expiry Date |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- | --- | --- |
| Qualifications | Date Obtained | Place of Training |
|  |  |  |
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## EDUCATIONAL QUALIFICATIONS

|  |  |  |
| --- | --- | --- |
| Name and Address of School | Year attended | Results / Grade obtained |
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Do you have any formal training in care?

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| --- | --- | --- |
| Training done | Date obtained | Expiry Date |
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### REFERENCE:

Please supply the details of at least two referees of which, one must be your current or most recent employer. Reference will be sought upon receipt of this application.

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| --- |
| Full Name – |
| Address – |
|  |
|  |
| Postcode |
| Telephone Number - |
| Profession/ Position – |
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|  |
| Full Name – |
| Address – |
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| Postcode - |
| Telephone Number - |
| Profession / Position – |
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| Full Name – |
| Address – |
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| Postcode |
| Telephone Number - |
| Profession / Position – |
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| If your application were successful, when would you be able to commence work? |

|  |
| --- |
| If applying for this position as a secondary income, responsibility is placed on you the applicant to seek authorisation where necessary |

### Rehabilitation of Offenders Act 1974

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| --- |
| By virtue of the rehabilitation of offender’s act 1974 (Exceptions order 1975, the provisions of section 4.2 of the rehabilitation of offenders Act 1974 do not apply to any employment which is concerned with provision of health services and which is of such a kind as to enable the holder to have access to persons on receipt of such services in the course of his normal duties. Your answer to the following questions should include any ‘spent’ convictions. |

|  |
| --- |
| Have you ever been convicted of a criminal offence? Yes No  If yes please details including dates |

I have answered the above questions honestly and fully and that I am not aware of any physical or mental disability, which may affect my working capacity. I realised that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal. I also understand that my details will be submitted for a check by the Disclosure Bureau Service.

I agree to comply with the current Health and Safety at Work Act.

It is a condition of employment that you work flexibly in accordance with the requirements of the Company. Accordingly, if accepted and employed you acknowledge that there may be periods when no work is available, and the Company has no obligation to provide an employee with any work or to provide with any minimum number of hours in any day of the week.

Signed…………………………………………Date –

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| Please detail any further information you wish to put forward in support of your application. |

I declare that the above information is true. I understand that any job offers made based on untrue or misleading information may be withdrawn or my employment is terminated.

Signed…………………………………………Date –

# **Registration requirements**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YES | NO |
|  | Passport |  |  |
|  |  |  |  |
|  | Evidence of Current Address |  |  |
|  | Up to Date Utility Bill |  |  |
|  | Right to work share code |  |  |
|  |  |  |  |
|  |  |  |  |
|  | National Insurance Number |  |  |
|  | 2 passport size photographs |  |  |
|  | Certificate of Qualifications |  |  |
|  | Educational Qualifications |  |  |
|  | Professional Qualifications |  |  |
|  | Certificates of Training Undertaken |  |  |
|  | Right to work in the UK - Work Permit / Visa - Must be provided |  |  |
|  | Student Permit / Visa - Must be provided |  |  |
|  | Driving Licence |  |  |
|  | DBS |  |  |

* Driving Licence (requirement for support workers carrying clients in their cars)
* Vehicle M.O.T Certificate (requirement for support workers carrying clients in their cars)
* Vehicle Insurance Certificate (requirement for support workers carrying clients in their cars)