

# Arm in Arm Care Agency Carers Application Form

## Application Form- Healthcare Assistant

In line with the Data Protection Act 1998. All information on this form is treated with the strictest confidence.

### Personal Information

Title:	Forename(s):	Surname:
Previous Name(s):		Marital Status:
Date of Birth:	Nationality:	Dependents: y/n
Current address:		
Town:	County:	Postcode:
Previous address:		
Home Telephone Number:		Mobile Number:
Email Address:		National insurance no:
DBS Update Service Number:		
Have you had your covid Vaccines? (Please provide dates if yes)		
Are you a UK resident? y/n		If not, what is your permanent address?
Have you permission to work in the UK? y/n		
Do you have a full driving license? y/n		Will you use your car for work? y/n      Automatic or Manual:
When are you available to work?		
How did you hear about us?		

### Employment History

Please give full details of your employment history in the last 10yrs to date, explaining any gaps that might occur. This can include voluntary work. Start with your present employer.

Dates From /To	Name of Employer	Position/Role	Reason for leaving

## Training and Qualifications

Please provide Qualifications, courses taken, even those out of date, giving expiry dates,

Date of Qualifications	Subject/Courses taken	Grade/Certificates

## Additional Information (Personal Statement)

Please provide any relevant information pertaining to the job applied for.



## References

Please provide names and address of three persons we can contact for references. Two must be your present/previous employer, and one personal. (Not a relative) If you have been unemployed for some time, please provide the name of a professional person who can comment on your suitability for the position.

Current Employer	Previous Employer	Personal Reference

Do we have your consent to contact your present employer? Yes/No

## Declaration

The above information is complete and accurate, and I agree to Arm in Arm Care to verify the information given. I understand that false information will result in me not being employed and a dismissal should I be appointed.

I do agree to allow relevant information pertaining to the job to be forwarded to a potential client for employment.

**Signature:**

**Date:**

For office use only: -

Declined before interview	
Declined after interview	
Offer made	
Offer accepted	
Offer refused	

