APPLICATION FORM

Fill in the details in **BOLD CAPITALS**



10 Ullswater Avenue, Crewe, CW2 8QQ Tel: 07846377774 / 07375518833

Email: office@jjohnltd.co.uk

Website: jjohnltd.co.uk

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Position Applied For: Health			Care As	ssistant		Nurse		Other				
Section 1. PERSONAL DETAILS												
1.1	Title	Mr		Mrs		Ms		Miss		Other		
	Surname							First Na	ame (s)			
1.2	Address											
											1	
										Post Code	!	
1.3	Date of Birth	D	D	M	M	Υ	Υ	Υ	Υ			
1.4	1.4 National Insurance Number											
1.5	Telephone							1.6	Mobile			
1.7	Email	il										
1.8	1.8 Are you legally eligible for employment in the United Kingdom? YES NO UNSURE						UNSURE					
1.9 Do you have a driving licence that enables y			ables yo	u to dr	ive in th	e UK?		YES	NO	UNSURE		
Section 2. EMERGENCY CONTACT DETAILS												
2.1	Name						2.	2 Relati	onship			
2.3	Address											
										Post Code	!	
2.4	Telephone							2.5	Mobile			
2.6	Email											

Please use additional sheets for section 3 and 4, if required.

Section 3. EMPLOYMENT HISTORY								
Name and Address	s of Employer	Start Dar	e	Finish Date	Position Held / Main		['] Main Duties	
	Secti	ion 4. ACHIEVE	MENTS	: COURSES / TRAINING	/ AWARDS			
Month / Year		Qualification	ns / Av	vards Obtained	Awarding Body			
		Section 5. EQ	UAL OF	PPORTUNITES MONITO	RING			
5.1 Nationality				5.2 Ethinicity				
5.3 Do you have a disability? YES NO If YES, Details								
5.4 Are you registe	YES	NO	If YES, Number					
						UNSURE		
	If Yes or Unsure, Please give details:							

Section	6	DEI	CED	EN	CEC
Section	n.	KFI	FFK	Γ IV	

Please give names of two referees, one of which should be your current or most recent employer.

	REFERENCE 1	REFERENCE 2					
Name:		Name:					
Position:		Position:					
Address:		Address:					
Telephone:		Telephone:					
Email:		Email:					
Can we contact you	referees before an offer of employment is n	made? YES NO					
	Section 7. ADDITIONA	L INFORMATION					
		ADATIONS					
	Section 8. DECL	ARATIONS					
	Rehabilitation of Offenders Act 1974. (Should	unspent criminal convictions that I may have in ald your application be successful, you will be required to					
	laration: I consent that J. John Ltd shall recor rty that I may enter into working relationshi	rd, store, process and retain my information and share the p through J.John Ltd.					
		t for the purpose of the work which I would be required to me undergo a medical examination, if required.					
	information given by me is true. I understan are Services has the right to refuse work and	nd that any untrue information given by me will disqualify d terminate the service.					
Signature:		Date:					
Print Name:							

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Dear Applicant,

Thank you for your interest in J. John Ltd Care Services. We look forward to welcoming you to our team. Please complete this application in full and email to office@jjohnltd.co.uk with all supporting documents listed below. Your position is subject to successful references and enhanced Disclosure & Barring Services (DBS) checks. We accept DBS certificate registered with update services. Please download our 'DBS Application Form' to apply for a new DBS certificate.

If your position does not require previous experience, we provide all mandatory and relevant training.

Please feel free to contact us for any further assistance or information required with your application.

Best regards,

HR, J. John Ltd Care Services

SUPPORTING DOCUMENTS - CHECK LIST	
1. Photo	
2. Identification Documents (Passport / Driving Licence / Nationality Card)	
3. Proof of Eligibility to Work in the UK (Passport/ BRP Card / Work Permit /Visa)	
4. Proof of Address (Utility Bill / Bank Statements / Letters from Government Offices)	
5. NMC Nursing Registration Number (for Nurses only)	
6. Copies of Qualification(s) and Training Certificate(s) dated within last 12 months, if any	
7. DBS Certificate (J. John Ltd accepts DBS certificate that are valid and registered with Update Service)	