



**EROHEALTHCARE LTD**  
Supporting your care needs at home

## REGISTRATION DOCUMENT

### Personal Details

Forenames: \_\_\_\_\_

Surname: \_\_\_\_\_

Title – Mr/Mrs/Miss/Ms: \_\_\_\_\_ Previous Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel.No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

National Ins. No: \_\_\_\_\_ Are you eligible to work in the UK: \_\_\_\_\_

Are you receiving any benefits: **Yes** **No** (Circle as appropriate) If yes  
then write them on a separate sheet

UKCC PIN if applicable: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have a current UK driving licence? \_\_\_\_\_

What language skills do you have? \_\_\_\_\_

### Next of Kin/Emergency Contact

Name and Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: (with Area Code) Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Relationship to you: \_\_\_\_\_



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## ACADEMIC & PROFESSIONAL DETAILS

Name & Address of Schools Attended	From: Mth/Yr	To: Mth/Yr	Qualifications/Credits Gained

## EMPLOYMENT DETAILS

Employer's Name & Address (current or most recent first)	From: Mth/Yr	To: Mth/Yr	Post Held




## HEALTH ASSESSMENT

Have you suffered from any of the following?

Heart Conditions: Yes  No , Mental Disorders: Yes  No , Back Trouble: Yes  No

Chest Conditions: Yes  No , Epilepsy: Yes  No , Major Operations: Yes  No

Diabetes: Yes  No , Difficulty with Sight or Hearing: Yes  No ,

Any Physical Disability: Yes  No ,

Are you currently on any Medication: Yes  No

**If yes, please state what it is and the condition it is taken for?**

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Do you have any Allergies: Yes  No

Have you had any illness in the last twelve months that has prevented you from working form more than one week? Yes  No

**If you have answered yes to any of the above, please give a brief description on a separate sheet of paper.**

### IMMUNISATIONS

Please tick the vaccinations you have had:

Rubella  TB/BCG  Polio  \*Tetanus  \*Hepatitis B

(\* Please give details)

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**To help monitor the Equal Opportunities Policy, please fill in the following information as appropriate**

I would best describe my ethnic origin as:

African  Afro Caribbean  Asian  Other  \_\_\_\_\_

Indian  White British  White Other  \_\_\_\_\_

Female  Male

**AREAS OF INTEREST OR PREFERENCE (tick as applicable)**



**REFERENCES**

Please give details of two Professional References, one of which must be your present or most recent employer.

<p><b>First Reference:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Post Code: _____</p> <p>Tel. No: _____</p> <p>Position: _____</p>	<p><b>Second Reference:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Post Code: _____</p> <p>Tel. No: _____</p> <p>Position: _____</p>
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Can the above references be contacted before Interview:    **YES:**    **NO:**  
(Please Circle as appropriate)

The above references must be completed with the full postal address and post code.

**Failure to complete the references in full will delay your starting date with  
EroHealthCare Ltd**

## **REHABILITATION OF OFFENDERS ACT 1974**

Offenders Act 1974 (exceptions order 1975), exempts any employer which is concerned with the provisions of Health Services that enables the holder to have access to persons in receipt of such services in the course of his normal duties.

Your answer to the following question should include any spent or pending convictions.

**Have you ever been convicted of a criminal offence?**

Yes

No

**If yes please give details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **DECLARATION**

**I declare that all the information given above is true and correct and having read the Terms & Conditions of Membership agree to abide by them.**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Any information found to be false or incorrect during the first interview, may cause the interview to be suspended and the offer of employment deferred until a later date.**

Additional information to back up your application / any reason for gap in employment history