APPLICATION FORM

**Personal Details**

Surname……………………………………………...First Name………………………………….Mr/Mrs/Miss/Ms Marital Status………………………………Maiden Name………………...…………………..…….……………… Nationality………………………..……………………….Country of Birth…………..……………………………. Address……………………………………………………………………………………………………………….. ……………………………………………………………………………………....Postcode………………………

Phone No. ………………………….Mobile No. …………………………………….Other ……………………….. National Insurance No…..…..…/……...…../…..….…/……..…/………. Current UK Driving Licence? Yes / No Car Owner? Yes / No Public Transport? Yes / No

**Please complete this section if you are not a British Citizen**

Do you have a UK Residence Permit? Yes / No

Do you have a work permit? Yes / No

Are there any UK immigration control restrictions limiting your length of stay, conditions of stay or freedom to work in the UK ? Yes / No

If Yes please explain…………………………………………………………………………………………………

**References** (Must be professional references) Not family, friend or work colleague

Name………………………………

Position of Referee ………………………………………

Establishment…………………………………………….

Address…………………………………………….……..

Postcode…………………………………………………..

Phone No.……………………Fax No.…………………

May we approach prior to interview Yes / No May we approach prior to interview Yes / No

Name………………………………

Position of Referee ………………………………………

Establishment…………………………………………….

Address…………………………………………….……..

Postcode…………………………………………………..

Phone No.……………………Fax No.…………………

May we approach prior to interview Yes / No May we approach prior to interview Yes / No

**EDUCATIONAL HISTORY: SECONDARY SCHOOL, COLLEGES, UNIVERSITY** *Please give details of any relevant course, training or qualification with the place and date completed*

**Emergency Contact**

Next of Kin…………………………………………….. Relationship……………………………………………….

Address………………………………………………………………………………………………

Daytime phone No. ……………………………………. Night time phone No..……………………………………

**EMPLOYMENT DETAILS**

**PRESENT OR MOST RECENT EMPLOYMENT**

Name of Employer ……………………………………………………………………………………………………...

Address ……………………………………………………………………………………………………...

…………………………………….. Tel. No.………………………………………….

Present post …………………………………….. Date appointed ………………………………………..

Notice required.……………………………………. Reason for leaving ……………………………………

Brief description of duties and responsibilities

……………………………………………………………………………………………………………………………………………………………

|  |  |
| --- | --- |
| **Dates (DD / MM / YYYY)**  | **Reason for Leaving**  |
| From  | To  | Position held:  |
| Brief summary of duties and responsibilities: ……………………………………………………………………………………………………………………………………………………………………………… |
| Name & address of employer  |
| From  | To  |
| Brief summary of duties and responsibilities: ……………………………………………………………………………………………………………………………………………………………………………… |
| Name & address of employer  |

**Present Health**

Sickness /absence you had in the past two years? ………. Days

Do you have a health problem which is relevant to your application Yes/No

If yes, please give brief detail …………………………………………………………………………………………….

Do you or have you ever suffered from any mental health problems? Yes/No

If yes, please give brief detail …………………………………………………………………………………………….

Do you have or have you ever suffered from the following?

(Delete as applicable)

Back Problems Yes / No

 Diabetes Yes / No

 Epilepsy Yes / No

Mental Disorders Yes / No

 MRSA Yes / No.

Rubella / tuberculosis / BCG / hepatitis B / Typhoid / polio / Tetanus

**Rehabilitation of Offenders Act 1974**

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.4 of the Rehabilitation of Offend-ers Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to en-able 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 be including any “spent” convictions.

Have you ever been convicted of a criminal offence, cautioned, served a sentence or had a suspended sentence, however minor, however long ago?

Yes / No

If yes, please explain………………………………………………………………………………

**Declaration**

I declare that I have answered the above questions fully and honestly and I know of no reason why I may not be suitable for the duties introduced to me via Elylite Care Agency Ltd. I realise that any false or in-complete statement of my part will render me liable to disciplinary action or dismissal. I also understand that my details will be held in a staff database, for administration purposes only.

Signature: …………………………………………………………… Date:……………………………