



## APPLICATION FORM

### PRIVATE & CONFIDENTIAL

Position Applied For:	Where did you see this? Post advertised?	
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### **PERSONAL DETAILS: (Block Letters Please)**

Surname:	First Names:	
Address:	Email:	Mobile No:
Post Code:	Tel No: (Work)	
Do you hold a full driving licence?	Date of Birth:	<b>National Insurance No:</b>
Car Available:		

### **EMPLOYMENT HISTORY: (Most recent job first)**

Dates From:	Employed To:	Name/Address of Employer	Job Title: Duties & Responsibilities		Salary

**2. EDUCATION & QUALIFICATIONS (Please use extra sheet if necessary)**

From:	To:	Name & Address of Establishment	Details of Qualifications/Courses attended

**OTHER INFORMATION**

Why do you think your previous experience, whether at work or otherwise is relevant to this job?  
(Please use extra sheet if necessary).

**REASON FOR LEAVING LAST EMPLOYMENT**

### 3. MEDICAL HISTORY

Please give details of any disabilities, serious illnesses suffered in the past 2 years, days lost from work, hospitalisation etc. Do you have a disability you wish to tell us about? If so, are you registered disabled at a Job Centre (Green Card holder?)

### REFERENCES Give two referees (**one must be your current or most recent employer**)

If you do not wish your referees to be contacted without your prior knowledge please tick here [ ]

<b>1. Name</b>  Address:  Daytime telephone no:  Email:	Occupation:
<b>2. Name:</b>  Address:  Daytime telephone no:  Email:	Occupation:

### AVAILABILITY

Available to start work:	Number of hours available:	Are you willing to work weekends?
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### DECLARATION

I declare that to the best of my knowledge, the information I have given on this form is true in every respect.

**Signature:**

**Date:**

### Please return completed form to:

Decrown Group & Health Care Services Ltd. 21 Union Street, Kingsholm Gloucester,  
Gloucestershire GL1 3DB

4. Decrown Group & Health Care Services Ltd is committed to an Equal Opportunities policy. In order to ensure the effectiveness of this policy, all applicants are asked to provide the following information, which will be treated in the strictest confidence.

I would describe myself as:(please tick appropriate box)

- (a) Female
- (b) Male
- (c) Black (African)
- (d) Black (Afro Caribbean)
- (e) Black (Asian)
- (f) White (British/European)
- (g) Cypriot (Greek)
- (h) Cypriot (Turkish)
- (i) Other (please specify)  \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application form sent:	Date:
Application form returned:	Date:
Invited to Interview:	Date:
Request References:	Date:
References received:	Date:
Rejection:	Date:
Offer made:	Date:
Start Date:	Date:
Induction pack:	Date:
Training:	Date:
Uniform/Tabard:	ID photo Y <input type="checkbox"/> N <input type="checkbox"/>

**CONFIDENTIAL**

**DISCLOSURE OF CRIMINAL BACKGROUND OF THOSE WITH ACCESS TO CHILDREN AND VULNERABLE CLIENTS**

Due to the nature of your appointment as Care Assistant/Domestic Assistant you should appreciate that Decrown Group & Health Care Services Ltd must enquire into the character and background of all staff. It is therefore essential that in making your application, you disclose whether you have any convictions, bind-over orders or cautions and if so, for what offences.

The fact that a conviction, bind-over order, or caution has been recorded against you will not necessarily exclude you from consideration for this appointment.

Have you any convictions, bind-over orders, cautions or pending prosecutions? (See notes)

YES		NO		Date	/	/	
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If yes please give details


I give my permission for a DBS to be made.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Surname:	Post applied for:
Forename:	Sex: M/F
Previous/other names: (Including maiden names):	Date of Birth: / /
	Place of Birth:
	Height:
Current address in full:	
	Post Code:
If less than 5 years please give previous address	
Previous address in full:	
	Post Code:
As from (date): / /	

I declare that the information I have given is correct. I understand that if I am employed, any false information will result in the termination of my contract with Decrown Group & Health Care Services Ltd.

Signature: ..... Date: .....

Signed:

Date:

Date of next review: