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| Karon Care Services Limited  Fairgate House, 205 Kings Road  Tyseley, Birmingham  West Midlands, B11 2AA  M: 07483905466  T: 0121 707 1007  karoncareservices@gmail.com |



Please fix passport photograph here

Health Care Assistant Application Form

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS USING BLACK INK

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| 1. PERSONAL DETAILS | | | |
| Last Name: | | First Names: | |
| Mr/ Mrs/ Miss/Ms: | | Maiden Name: | |
| Current Address: | | | |
| Post Code: | | | |
| Home Tel: Mobile Tel: | | | |
| National Insurance No: | | | |
| Date of Birth: | Place of Birth: | | Nationality: |
| Next of Kin Name & Address:    Tel: | | | |
| Passport No (If Applicable): | | | |
| Home Tel: | | Mobile Tel: | |

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| 2. PREFERRED WORK | | | | | |
| Please Circle: | | Day Duty | | Night Duty | |
| Do you hold a current UK drivers’ licence? | | | Do you have a car available for use? | | |
| Yes | No | | Yes | | No |

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| 3. REFERENCES | |
| Please give the names of two referees from your last two places of work | |
| Name: | Name: |
| Position: | Position: |
| Address: | Address: |
| Post Code: | Post Code: |
| Telephone No: | Telephone No: |
| Fax No: | Fax No: |
| Email: | Email: |
| May the company approach the above prior to interview?  Yes No | May the company approach the above prior to interview?  Yes No |

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| 4. WORK HISTORY |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Dates |  | Employer | Address | Position | | From | To | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| Use a separate sheet of paper if necessary or attach copy of your CV if appropriate. Please explain any breaks in employment. |

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| 5. EDUCATION | |  |  |  | |
|  | Schools, Colleges, University | Dates |  | Qualifications gained including grades |  |
| From | To |
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| 6. NURSE TRAINING (If Applicable) | | |  |  |  |
| Dates | | Qualification | Training school | PIN Number | Expire date |
| From | To |
|  | |  |  |  |  |
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| 7. ADDITIONAL INFORMATION |  |  |
| Are you eligible to work in UK? (Please circle) | Yes | No |

The position for which you are applying is exempted under the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986, which means that all convictions (whether spent or unspent), cautions, reprimands and final warnings on your criminal record must be disclosed. A conviction will not necessarily prevent your application from proceeding.

Have you ever been convicted by the courts or cautioned, reprimanded or given a

final warning by the police? Yes No

If yes, please give details of offences, penalties and dates:

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this position?

Yes No

If yes, please give details:

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our services and to find out your needs in order to perform the job or position sought.

Do you have any health issues or a disability which may make it difficult for you to carry out functions which are essential for the role you seek?

Yes No

If yes, please give details:

If you have a disability, what are your needs in terms of reasonable adjustments in order to access our services and to attend interview, or to take aptitude test etc? Please specify:

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| 8. DECLARATION  I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made. Because of the sensitive nature of the duties the post holder will be expected to perform, I understand that I will have to undertake a CRB Enhanced Disclosure.  In order to comply with the Conduct of Employment Agencies and Employment Business Regulations 2003, I consent to personal data being shared with clients and other public bodies where required by law. If a client wishes to employ me direct, I acknowledge that KARON CARE SERVICES LIMITED will be entitled either to charge the client an introduction/transfer fee, or agree to an extended period of supply. |

Signature: Date: