



Brindavan Care Home Limited

Application Form for Employment

Please complete all sections of the form and include full contact details of 2 referees detailing postcodes and telephone contact numbers



Application for Employment

Position applied for:.....

Available to take employment (date):.....

Prepared to work:

Full Time: Part Time: Shift Work:

Personal details:

Surname:..... Forenames:.....

Address:.....

.....Postcode:.....Telephone:

Private:.....Business:.....Mobile.....

Date of Birth:.....

Do you need a work permit to work in the UK? Yes/No

Do you own a care? Yes/No

Have you a current driving licence: Provisional Full No:

Have any current endorsements? (give details)

Are you in good health? Yes/No

Are you registered disabled? Yes/NO If yes RDP no:

Is there adjustments we might make to either the arrangements made for application and interview,
or the physical features of our premises, that would reduce any disadvantage to you?

.....



Educational qualifications:

Professional Qualifications:

.....

.....

.....

Previous employment (Please include details of your most recent employment here and use the space provided to give details of other employments, working backgrounds from the most recent.)

1. Present/Last employment:.....

Address:.....
.....Postcode:.....

Type of business:.....

Attach a copy of your work permit, NI Card ,P45, P60, birth certificate or UK passport or other document demonstrating entitlement to work in teh uk. Bring your original document with you if called for an interview.

Starting date:.....Leaving date:.....

Reason for leaving:.....

Job Title:.....

Duties/Responsibilities:.....
.....
.....



2. Present/Last employment:.....

Address:.....
.....Postcode:.....

Type of business:.....

Starting date:.....Leaving date:.....

Reason for leaving:.....

Job Title:.....

Duties/Responsibilities:.....
.....
.....

3. Present/Last employment:.....

Address:.....
.....Postcode:.....

Type of business:.....

Starting date:.....Leaving date:.....

Reason for leaving:.....

Job Title:.....

Duties/Responsibilities:.....
.....
.....



4. Present/Last employment:.....

Address:.....
.....Postcode:.....

Type of business:.....

Starting date:.....Leaving date:.....

Reason for leaving:.....

Job Title:.....

Duties/Responsibilities:.....
.....
.....

Other relevant employment (please list on a separate sheet of paper).

Interests/Hobbies.....
.....

The declaration of convictions for this post is/is not subject to the rehabilitation of Offenders Act. You must declare all convictions (other than those that are spent convictions). Have you ever been convicted of a criminal offence which you must declare according to the paragraph above?

.....

If offered this position will you continue to work in any capacity? Yes / No. If yes please give details.....



Personal referees:

Name:.....Name:.....

Address:.....Address:.....

.....

Occupation:.....Occupation:.....

Tel No:.....Tel No.....

Please use the space below to write in your own words why you should be considered for this position?



Declaration:

I consent to my doctor being contacted for information relevant to this application and will undergo medical examination if needed.

My doctor is:.....Practice address:.....

.....

The information given is true to the best of my knowledge and belief and there are no reasons that would prevent me from undertaking the duties of the post applied for. I understand that any misstatement will invalidate my application and may lead to dismissal if I am employed.

Signed..... Date:.....