



TYPE or PRINT in black ink

POSITION APPLIED

PERSONAL DETAILS

Title: Mr Miss Mrs Dr Other

Surname:

First Name:

D.O.B (optional): Marital Status:

Nationality: NI Number:

Address:

Contact Tel: Postcode:

Mobile:

Email:

PASSPORT DETAILS

Passport No: Place of Issue:

Issue Date: Expiry Date:

Visa Status: Visa Expiry Date:

If student, please provide the course details:

NEXT OF KIN

Name:

Relationship:

Address:

Tel:

Mob:

Email:

EDUCATIONAL QUALIFICATIONS

Place of Study	Qualification	Date Qualified

Use an additional sheet if necessary

TRAINING

Course Name	Date Attended	Expiry Date	Details(if necessary)

Use an additional sheet if necessary

WORK EXPERIENCE

From	To	Name of Employer	Type of Business	Job Title

Use an additional sheet if necessary

REFERENCE

Please give the names and contact details of two referees. One should be your must be from previous or recent employer.

Name:	<input type="text"/>	Name:	<input type="text"/>
Job Title:	<input type="text"/>	Job Title:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Company Name:	<input type="text"/>	Company Name:	<input type="text"/>
Tel:	<input type="text"/>	Tel:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

EQUAL OPPORTUNITY MONITORING FORM

The information on this form will be used in total confidence and accordance with current data protection legislation. It will help to ensure that the company properly monitors and confirms with its policies relating to equality of opportunity. Information will be used for monitoring only. Our commitment aims to allow our staff to develop their skills and realize their maximum potential as individuals without any wish on the part of the company to limit their opportunity.

PLEASE TICK THE RELEVANT BOX

White Mixed Asian Black Chinese Other

Gender: Male Female

Please Indicate your age range by ticking one of the boxes below :

16-21 22-25 26-30 31-35 36-40 41-50 51-60

Do you consider yourself to have a disability of some kind ?

Yes No

If Yes, give details

PROTECTION OF CHILDREN AND VULNERABLE ADULTS DECLARATION

Has any Social Service Department or Police Service ever conducted an enquiry or investigation into any allegations or that you may pose an actual or potential risk to children or vulnerable adults? Yes No

Have you ever been convicted of any offence relating to children or vulnerable adults? Yes No

Have you ever been the subject of any disciplinary procedure or been asked to leave employment or voluntary activity due to inappropriate behavior towards a child or vulnerable adult? Yes No

If no please sign the declaration below. If yes to any of these questions above, please give details.

REHABILITATION OF OFFENDERS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions, which for other purposes are spent under the provisions of the act and in the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action by the employer. All Successful candidates will be required to obtain an enhanced disclosure report from the Disclosure and Barring Service. Have you ever been convicted of a criminal offence, or been subject to any confidential discharge, bind overs or caution.

Yes No

If no please sign the declaration below, If yes please give details

I declare that I do not possess, nor have I ever possessed a criminal conviction, not have I been subject to any conditional discharges, bindovers or cautions.

Signature

Date

DD / MM / YYYY

Any information contained in this form will be treated in confidence. Failure to disclose any relevant information or providing false or inaccurate information may be regarded as a breach of any subsequent contract of employment, resulting in disciplinary action and/or dismissal.

PANEL AGENCY MEMBERSHIP

If you like to work through our panel agencies in various locations please sign the declaration below. This will help you to work with different clients in various locations through other agencies who are our partners. The related staff pay and other benefits are availed through the panel agency members directly. Please tick the box below if you are interested.

I have no objections in working with the panel agencies through E care solutions

Name:

Signature:

NOTES

DECLARATION

I confirm that the information given within this form is true and accurate. I hereby give consent for this information being used for personnel administration and business purposes.

Signature

Date

DD / MM / YYYY

Name

Once completed please send it to the respective branch.

FOR OFFICIAL USE ONLY (Application Check List)

Address with Postal Code: Telephone & E-mail: Qualification Certificates: NI Number:
Emergency Number: Passport Details: Visa Details: Next of Kin:
References: Training: DBS: PVG:
If student, Course details:

NOTES:

Checked by:

Date

DD / MM / YYYY

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P: 01883338444 Email: info@ecareuk.com