



Application Form

Name:

Position:

Please use capital letters and complete all sections. If you have any difficulty completing this form please ask someone to help you. It may be completed at the interview if you prefer.

In accordance with the Data Protection Act 1998, the data gathered on this application form along with the Applicant Profile Form is used by A & M Bewdley Care Service Ltd to inform you of potential work opportunities by mail, telephone or email. We may also use this data to conduct market research and to keep you informed of the latest healthcare developments, legislation and policy changes and company initiatives. We may also contact you with offers of goods or services that we believe may be of interest to you from carefully selected third parties. If you do not wish to receive details of these offers by mail, telephone or email, please tick this box.

Any sensitive data such as racial or ethnic origin, religious beliefs, health and criminal records is for monitoring purposes only. A & M Bewdley Care Service Ltd is an Equal Opportunities Employer, by signing this Application Form you are expressly permitting us to use this information in this way.

PERSONAL DETAILS

Surname:

Previous Surnames (if any):

Forenames:

Address:

Dates lived there.....

Postcode:

Home Telephone No:

Mobile No:

Date of Birth:

Nationality:

Email Address:

Qualifications:

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Ethnic Origin:

Religion:

National Insurance No:

National Insurance Category: Full/Reduced/Exempt (Official Use Only):

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Name of Emergency Contact:

Relationship to you:

Home Tel No:

Work Tel No:

EDUCATION, TRAINING AND RELEVANT COURSES

Name & Address of School/College/Other	Courses & Subjects taken & Qualifications gained	From Month/Yr	To Month/Yr

EMPLOYMENT OVER THE PAST 10 YEARS – INCLUDING GAPS:

Present or most recent employer & address – Please include voluntary work	Position Held	Reason for Leaving	From: Mnth/Yr	To: Mnth/Yr

REFERENCES:

Name: _____ Signature: _____
Date: _____

Please provide details of 3 **referees** who can provide information relating to your competence in a caring role, one of whom should be **your present or most recent employer**.

1. Name _____ Position _____
Telephone No. _____ Organisation _____
Email address _____
May we approach the above prior to interview Yes No

2. Name _____ Position _____
Telephone No. _____ Organisation _____
Email address _____
May we approach the above prior to interview Yes No

3. Name _____ Position _____
Telephone No. _____ Organisation _____
Email address _____
May we approach the above prior to interview Yes No

DECLARATION OF HEALTH

If the answer is yes to any of the questions in this section, please give full details in the additional information of the dates, duration and outcome of the illness or condition. If A & M Bewdley Care Service Ltd., has concerns about your fitness to work, any offer of employment may be subject to a satisfactory medical report.

Please note: you must inform the office immediately if your health changes significantly.

	Yes	No
Have you got any medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>

If yes please state _____

	Yes	No
Have you got any mental health issues or have any mental health illness's past or present?	<input type="checkbox"/>	<input type="checkbox"/>

If yes please state _____

	Yes	No
Any other current or recent medical condition or Treatment that may affect your attendance or Performance at work?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever received vaccination for the following?

COVID 19 (how many)	<input type="checkbox"/>	<input type="checkbox"/>
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Hepatitis B (Recommended)	<input type="checkbox"/>	<input type="checkbox"/>
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Doctor's surgery _____

I certify that I am fit for work in the Care Industry:

Signature: _____

Date: _____

I certify that I am satisfied that to the best of my knowledge that this individual is fit to undertake work in the Care Industry.

Care Manager's Signature: _____

Date: _____

Criminal Records Bureau Disclosure

Rehabilitation of Offenders Act 1974

By virtue of the Offenders Act 1974 (Exceptions) (Amendments) Order 1986, the provisions of Section 4.2 of the Rehabilitation of Offenders 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 enable the holder to have access to the persons in receipt of such services in the course of his/her normal duties.

Your answer to the following question should include any ‘spent’ convictions. The ‘Company’ actively promotes equality of opportunity for all as stated in its Equal Opportunities Policy, which is available from the office.

Have you ever been convicted of a criminal offence? Yes No

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment within this company.

DECLARATION:

I have completed an Application for a Criminal Records Bureau disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give my permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

DBS INFORMATION

What town were you born in?.....

PREVIOUS NAMES	USED FROM	USED UNTIL

Previous address if not lived at current address for 5 years:

.....

Dates lived there:.....

Annual leave booked prior to starting (please include all dates):

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