

PRIVATE & CONFIDENTIAL
 (Please return this form to the address on the right) →

Prime Care Community Services Ltd
 Talland Parade
 High Street, Seaford
 East Sussex BN25 1PJ



APPLICATION FOR ENGAGEMENT

DAILY HOME CARE NIGHT SUPPORT
 (Tick as appropriate)

Position applied for: _____		
Surname:	First name(s):	Mr/Mrs/Miss/Ms/ other (please state)
Maiden name or previous name(s):		Male/Female (delete as appropriate)
Current address:	Telephone (home):	
Postcode:	Telephone (other, e.g. mobile):	
	E-mail address:	
Do you have a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of licence:	Do you have any current endorsements? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details: Date(s) of endorsement(s):	
Next of kin – Name:		
Next of kin – Address:Postcode:		
Next of kin – Tel (day):(eve):..... (mobile):		

Present/most recent employment (or place of study)

Name and address of employer/ place of study:	
Job title (if applicable):	
Date employment/ study commenced:	Leaving date/ or notice required:
Briefly describe your present or last job (or course); its main purpose and your responsibilities (where appropriate):	

Work history (paid or unpaid) - starting with most recent employment:

Employer's full name & address, Tel. no. & nature of business	Dates of employment	Position held	Reason for leaving

Please continue on a separate sheet if necessary, making sure your name is at the top.

Education and qualifications (please state whether full (F) or part-time (P))

Senior school(s), college(s) and/or university(ies) attended	Subjects studied (with grades & year taken)	Full Time	Part Time
Professional membership details (if any). Please state whether gained by examination:			

Knowledge and experience relevant to the job (gained through paid, unpaid or voluntary work):

Please continue on a separate sheet if necessary, making sure your name is at the top.

What are your preferred working hours?
(Please include hours per day, days per week, school holidays, day-time, evenings, weekends, etc.)

Area/ distance you are willing to travel to/from:

Do you have any special access needs or particular requirements?
(In respect of the Disability Discrimination Act)

References

Please provide here the name, job titles and work addresses of two persons from whom we may obtain both character and work experience references. One should be from your current or most recent manager/ supervisor.

(If you have just left school, college or university (or you are still in full-time education), please give details of your form tutor, plus one personal referee.)

1. Name, job title and address:

2. Name, job title and address:

Tel. no:

Can we contact this referee before notifying you?
Yes/ No

Tel. no:

Can we contact this referee before notifying you?
Yes/ No

Data Protection Act 1998

The information you have supplied on this application form will be processed by computer. These data are required for operational, managerial and associated purposes relevant to the payment of remuneration and the maintenance of the personnel system.

Asylum and immigration act 1996 (this section **MUST** be completed)

Nationality:

National Insurance No:

If your National Insurance number is not available, do you have evidence of your entitlement to live and work in the UK?

Yes/No (Please delete as appropriate)

If Yes, please enclose a copy of your:

Proof of Identity **Eligibility to Work**

Declaration (please read carefully before signing this application)

1. I understand and accept that the provision of false or misleading information, or the omission of a material fact at any stage during the application process may be legitimate cause for the immediate withdrawal of any offer of engagement or, if I am already engaged, for disciplinary action up to and including dismissal.
2. I hereby authorise the Company or its appointed Agents without any further recourse to me to procure, process and store, in whatever manner they see fit, information from any individual, company, institution or other body which the Company or its Agents consider appropriate for the assessment of my suitability for engagement. This specifically includes access to medical information. I understand that this may involve the transfer of my personal data outside of the European Economic Area.
3. I agree that the Company reserves the right to require me to undergo a medical examination, and that such examination may be a pre-requisite of engagement with the Company.

Signed:

Date:

How did you hear about us?

- Local Press Radio Word of Mouth
 Leaflet Job Centre Plus Internet
 Other (please State): _____

Office use: