

**The Barking Enterprise Centre** 

**50 Cambridge Road** 

Barking, Essex

**IG11 8FG** 

Tel: 0208 594 1596

Web: www.reline-care.com

## **APPLICATION FORM**

### All information given will be treated as strictly confidential

SURNAME:					
FORNAME:					
ADDRESS:					
Post code:					
Telephone Numbers:					
Date of Birth: Nationality :					
Are you eligible to work in the UK?If yes ,Expiry Date					
National insurance Number:					
Position Applied for:					
Approx No hours Wanted: Full-time/Part- time:					
Days/Nights/Mornings/Afternoons/Evenings or Weekends only:					
Languages Spoken:					
Next of Kin Name and Address :					
Contact Number:					

School/college Training undertaken	Examination/ Qualifications obtained	From	То

# **Professional Courses**

Name of College Training undertaken	Examination/ Qualifications obtained	From	То

# **EMPLOYMENT HISTORY**

Company Name and Address	Position Held	From	То	Reason for leaving
( Please start with the most recent employer)				

Do you hold a full UK Driving License?Yes/No					
Do you how or have a regular access to a car? Yes/No					
Do you now of have a regular access to a car: res/No					
If yes please state the car Registration:					
If yes preuse state the car negistration					
Details of any driving endorsement in the last five year:					
because of any arriving endorsement in the last five year.					
Due to the nature of the work you may be requested to work at short notice					
please indicate how much notice you would require:					
preuse marcate not maen notice you trouid require					
<b>-</b> .					
SignatureDate					
HEALTH DETAILS					
Do you have any mental or physical disability or illness (currently or recurring) which is					
relevant to the post for which you are applying for? :Yes/No					
relevant to the post for which you are applying for? :Yes/No					
relevant to the post for which you are applying for? :Yes/No  If yes please give details:					
relevant to the post for which you are applying for? :Yes/No					
relevant to the post for which you are applying for? :Yes/No  If yes please give details:					
relevant to the post for which you are applying for? :Yes/No  If yes please give details:  Please give details of all absences from work in the last 12 months ,except holidays:  GP Name:					
relevant to the post for which you are applying for? :Yes/No  If yes please give details:  Please give details of all absences from work in the last 12 months ,except holidays:  GP Name:  Telephone Number:					
relevant to the post for which you are applying for? :Yes/No  If yes please give details:  Please give details of all absences from work in the last 12 months ,except holidays:  GP Name:					
relevant to the post for which you are applying for? :Yes/No  If yes please give details:  Please give details of all absences from work in the last 12 months ,except holidays:  GP Name:  Telephone Number:					

\_\_\_\_\_\_Post Code\_\_\_\_\_

(Your GP will not be contacted)

# REFEREES

You most provide references from you two most recent employers. Please provide an additional character referee. All will be contacted, therefore inform the referees that you have used their name. If you cannot provide the required references, please discuss the matter with us.

# Current or most recent employer.

Name:	
Address:	
Post Code:	
Tel No:	
Job title:	
Previous	employer to the one above:
Name:	
Address:	
Post Code:	
Tel No:	
Job title:	
Character	reference:
Name:	
Address:	
Post Code:	
Tel No:	
Job title:	

### **DISCLOSURE AND DECLARATION**

#### **CRIMINAL RECORD**

Workers in Reline care Ltd are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the CRB. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions. You will not be eligible for work in a care setting if you are on the ISA Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded
withor not, and warnings and cautions in the space provided below:
OLOMATURE I DEGLARATION
SIGNATURE and DECLARATION
IMPORTANT – READ BEFORE SIGNING
I declare that to the best of my knowledge and belief the information given by me in this
application is true, and I understand that the above information forms the basis of my contract
of employment. I understand that if any of the information supplied by me is found to be
falsely declared, my contract may have been fundamentally breached and my employment
may be terminated immediately.
I understand that I cannot be offered a post until a satisfactory response has been received
with respect to my ISA Register status, and that should I subsequently be offered a post, that
offer will be subject to receipt of two satisfactory references, one of which must be from my
previous employer, and that confirmation of the employment will be subject to a satisfactory
criminal record check from the CRB. I understand that until a satisfactory response is received
from the CRB, and my employment is confirmed, I will be supervised at all times at work, and
will not seek or have unsupervised access to vulnerable people. If the post I have applied for is
as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory
search of the Nursing and Midwifery Council records and registers. By my signature, I
authorise the organisation to request an ISA Register check and a criminal records check from
the CRB, on initial employment and at any time during my employment thereafter. I undertake
to inform my employer immediately if my ISA Register status or criminal status changes at any
time during my employment, such as by being charged with an offence (other than motoring
offences), the administering of a warning, criminal conviction, referral to any register of barred
care workers, or withdrawal of any registration required by my employment status.

Signed: \_\_\_\_\_\_ Date:\_\_\_\_

# **EQUAL OPPORTUNITIES AND MONITORING FORM**

In order to maintain equality of opportunity within Reline Care limited, applicants are invited to complete the following form in order to assist the monitoring of our workforce to be representative of the local community by targeting any under- represented groups.

Genaer	iviale			remaie	
Marital Status	Married	Single	Single Partnership/Co-habiting		
Nationality/Ethnic	city:				
Asian	Black	Black			
Pakistani	Caribbean		British		
Bangladeshi	African		European		
Indian	British		Others		
British	European				
Others	Others				
Disability:	<u>.</u>			·	
Do you have any a	lisability ?			Yes/No	
If Yes ,please spec	ify:				
Are you register di	ify: isable ?			Yes/No	
Registration Numb	ber:				
Any further					
information:					
Worker Name and	Address:				
Position applied fo	or:				
Signature:		Date	<u>:</u>		