

RelineCare



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: _____

EDUCATION HISTORY

School/college Training undertaken	Examination/ Qualifications obtained	From	To

Professional Courses

Name of College Training undertaken	Examination/ Qualifications obtained	From	To

EDUCATION HISTORY

EMPLOYMENT HISTORY

<i>Company Name and Address</i>	<i>Position Held</i>	<i>From</i>	<i>To</i>	<i>Reason for leaving</i>
<i>(Please start with the most recent employer)</i>				

EDUCATION HISTORY

<i>Do you hold a full UK Driving License?-----Yes/No</i>
<i>Do you now or have a regular access to a car?----- Yes/No</i>
<i>If yes please state the car Registration:_____</i>
<i>Details of any driving endorsement in the last five year:_____</i> _____
<i>Due to the nature of the work you may be requested to work at short notice please indicate how much notice you would require:_____</i> _____

Signature _____ *Date* _____

HEALTH DETAILS

<i>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</i>
<i>If yes please give details:</i>
<i>Please give details of all absences from work in the last 12 months ,except holidays:</i>
<i>GP Name:</i>
<i>Telephone Number:</i>
<i>Address</i> _____ _____ _____
<i>Post Code</i> _____
(Your GP will not be contacted)

EDUCATION HISTORY

REFEREES

You must 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:	

EDUCATION HISTORY

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.

Gender		Male			Female
Marital Status		Married		Single	Partnership/Co-habiting
Nationality/Ethnicity:					
Asian		Black		Caucasian	
Pakistani		Caribbean		British	
Bangladeshi		African		European	
Indian		British		Others	
British		European			
Others		Others			
Disability:					
Do you have any disability?-----Yes/No					
If Yes ,please specify:_____					
Are you register disable?-----Yes/No					
Registration Number:_____					
Any further information:_____					

Worker Name and Address: _____					

Position applied for: _____					
Signature: _____ Date: _____					