



Application Form

Plas Garnedd Care Ltd is committed to building an organisation that makes full use of the talents, skills, experience, and different cultural perspectives available in a multi-ethnic society, and where people feel they are respected and valued, and can achieve their potential regardless of race, colour, nationality, national or ethnic origins, sex, married status, sexual orientation, disability, physical characteristics, health, age, or religion or belief.

Position Applied for Source of application

Surname All Forenames

Title (Mr/Mrs/Miss/Ms) Marital Status

Date of Birth: Nationality

NI Number Place of Birth.....

Address

.....
.....

Postcode

Telephone

Home Mobile

Which month and year did you move to this address?

Next of kin Relationship

Address

.....

..... Postcode

Telephone Mobile

Do you hold a clean driving licence? Yes/No

Do you have the use of a car? Yes/No

What qualities/ skills do you have that makes you a good carer?

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.....

When are you available for work?

How many hours a week required?

Do you agree to work weekends

Please indicate preferred times:

Early Morning Mornings Lunchtime Afternoons Early Evenings Evenings
Weekdays Weekends

Education:

College/School attended	From	To	Qualifications
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.....
.....

Professional Qualifications Date obtained

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.....
.....

Carer Related Qualifications and Training: (please supply originals for copying)

Qualifications	Date gained
.....
.....
.....
.....

Health Questionnaire

Are you a registered disabled person? Please circle the answer. Yes/No

If Yes, please state disability and registration No.

Please give details of any physical defects or serious illnesses that may affect your work performance.

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Please give number of days of sick leave in the last 12 months

Please give reasons.....

Please List Recent and Current Medication being taken

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Please List any Phobias with details

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Please list any Allergies with details

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Please list with details any other health reasons which may affect your ability or willingness to work as a Carer.

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Declaration:

I declare that I am not aware of any physical or mental disability which would or may affect my working ability and that the information supplied by me above is true and complete.

Signed..... Date.....

Criminal Records:

Have you ever been convicted of a crime?

Please circle the answer. Yes/No

You are required to disclose all criminal record information, including details and dates of spent convictions, cautions, reprimands and final warnings.

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Include other relevant non-conviction information such as police enquiries and pending prosecutions.

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Please submit written details and dates in confidence to The Directors, Plas Garnedd Care Ltd, using a sealed envelope marked PRIVATE and CONFIDENTIAL.

Are you on the POVA List held by the Secretary of State? Please circle Yes / No

Failure to disclose criminal and POVA List records will lead to dismissal.

References:

Please supply the name, address and telephone numbers of two referees and state their relationship with you. One of them should be your current employer. None of your referees should be related to you.

Name/Address/Tel

1..... Relationship.....
.....
..... Tel No

2..... Relationship.....
.....
..... Tel No

Signed

Date

ukCRBS Ltd

Suite 2, Orchard House

Tebbutts Road

St Neots

Cambs, PE19 1AW

Tel: 01480 403636, Fax: 01480 403684

APPLICANT CONSENT

Applicant Name: _____

Company Name: Plas Garnedd Care Ltd

I hereby give my consent to the above named Employer to complete a Criminal Records Bureau check.

You will be required to bring in your driving license and Passport for identification purposes.

Signed: _____

Dated: _____



EMPLOYMENT HISTORY

Please ensure that you enter your employment history from leaving school.
Any gaps in employment must be explained.

Employee Name:

Employer Name	From	To	Job Title	Reason for leaving

Signed.....

Date.....