



Application form

Adriel Care Ltd
 First Floor
 431 Ashley Road
 Parkstone
 Dorset
 BH14 0AX

The recruitment process within this organisation has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS.

Position Applied For		
Approx. no. of hours wanted		
Full time/ Part time (please circle which you want to work)	Days/ Nights/ Mornings/ Afternoons/ Evenings/ Weekends only (please circle which you are able to work)	
Surname	First name(s)	Date of Birth
Previous surnames: (Supply documentary evidence e.g marriage certificate, deed of name change etc)		
Current address		
Post Code	Moved to this address on (date)	
Previous address Note: For Criminal Record check purposes, addresses covering the ten years up to the application date must be supplied. If necessary, use another sheet of paper.		
Post Code	Moved to this address on (date)	
Telephone number (home)	Telephone number (work) <i>(will be used with discretion)</i>	
Own Transport Yes/No How long has license been held?	Clean current driving license: Endorsements	
Details:		



EDUCATION

School/ College/ University	Examinations Passes/ Qualifications Gained
	Please supply copies of certificates

TRAINING HISTORY/ PROFESSIONAL STATUS

Date of Graduation/ Qualification	Location/ Details	Notes

SHORT COURSES ATTENDED

Subjects	Location

EMPLOYMENT HISTORY

Current/ last first. Must cover the whole of your working life to date. State the reasons for any breaks in the employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/ last employer	
Date employed	
Nature of business	
Position held and reason for leaving	
Salary/ Rate	
Name and address of employer prior to the employer listed above	
Date employed	
Nature of business	
Position held and reason for leaving	
Salary/ Rate	
Name and address of employer prior to the employer listed above	
Date employed	
Nature of business	
Position help and reason for leaving	
Salary/ Rate	
Other roles (use additional sheet)	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.



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? Yes/ No	
If yes, please give details:	
What adjustments (if any) need to be made to the working environment to accommodate your disability?	
Please give details of all absences from work in the last 12 months, except holidays	
Please give details of any illnesses/ accidents/ injuries in the last 2 years	
GP's Name	
Tel No	
Address	
(Your GP will not be contacted without your permission)	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number	(Nurses only)
National Insurance Number	(All applicants)



CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes/ No (delete as appropriate)
If yes, please provide details	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes/ No (delete as appropriate)

Note: Minimum age

Legislation dictates that care workers in general must be 18 years old or older, and carers working with people with learning disabilities must be 21 or older. Please inform your interviewer immediately if you do not meet these specifications.

NEXT OF KIN

Full Name	
Relationship	
Tel No	
Address	



REFEREES – *your reference should be accompanied by:*

Either a compliment slip / on a letter-head / stamped / an email covering letter.

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent employer

Company Name:	
Address:	
Post Code:	
Contact Person:	
Job Title:	
Tel No:	
Email Address:	

Previous employer to the one above

Company Name:	
Address:	
Post Code:	
Contact Person:	
Job Title:	
Tel No:	
Email Address:	

Character reference

Person's Name:	
Address:	
Post Code:	
Tel No:	
Email Address:	

CRIMINAL RECORD - yes / no

Workers in this establishment are subject to the Care Standards Act, and will be subject to a Police Record Check through the Criminal Record Bureau. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warning and cautions.

You will not be eligible for work in a care setting if you are on the ISA Register(s)



Notice period with existing employer	
Please indicate where you found out about the vacancy	
SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING	
<p>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.</p> <p>I understand that I cannot be offered a post until a satisfactory response has been received in respect of 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 Criminal Records Bureau. I understand that until a satisfactory response is received from the Criminal Records Bureau, 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 Adriel Care to request a 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.</p>	
<p>Signed..... Date.....</p>	

BUSINESS BANK ACCOUNT DETAILS

Name of Bank

Address Of Bank

.....
.....
.....

Post Code

SORT CODE/...../.....

ACCOUNT NUMBER

My email address is

Nb. Your Payslip will be sent to you via this email