



Attach 2x recent
passport photos
here.

POSITION APPLIED FOR:

A. Personal Details (Please use capital letters)	
Title (Mrs, Mr, Ms, Dr or Other):	
Surname:	
Forename(s):	
Name preferred to be known by:	
Previous Name(s):	
Maiden Name(s):	
Address Line 1:	
Address Line 2:	
City/Town:	
County:	
Postcode:	
Email:	
Telephone:	
Mobile:	
Date of Birth:	
National Insurance Number	

B. Next Of Kin Details

Name:	
Relationship to you:	
Day time phone number:	
Mobile number:	
Address:	Post Code:

C. Passport Details

Nationality:	Passport Number:
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Please tell us about your legibility to work in the UK

I am eligible to work in the UK and do not require a work permit

I am already in possession of a work permit to work in the UK

I need to obtain a work permit to work in the UK

If other please specify:

D: Driving Record

Are you a car owner? YES NO Make / model / year:

Current Driving Licence: PROVISIONAL / FULL / PSV / NONE

Driving Licence valid from: _____ to: _____

Details of current endorsements :

Have you ever been disqualified from driving, or had insurance refused? YES NO

If "YES" please provide brief details: _____

Do you have valid vehicle insurance to cover business purposes? YES NO

E: EDUCATION & PROFESSIONAL TRAINING (from year 11)

Education Centre (school, college etc)	DATES		Qualifications gained
	from	to	

1. Secondary Education (secondary school)

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2. Higher Education (university / college / polytechnic)

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3. Further Education (Professional Training)

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4. Membership of Professional Organization

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F: LEISURE ACTIVITIES

Please provide brief details of your hobbies, sport and other leisure pastimes in which you participate:

Languages (other than English) : _____ SPOKEN / FLUENT / WRITTEN / READ
 : _____ SPOKEN / FLUENT / WRITTEN / READ

G. Employment History

- Please supply details of your full employment history starting with your **present /last employer** and explain any gaps in your history.
- Please continue on a different sheet if required

Date From	Date To	Employer's Name & Address	Brief Job Responsibilities	Reason For Leaving

H: Voluntary & Community Work Experience

DATES		Organisation	Position(s) held	Duties
from	to			

I: Job Flexibility

Prepared to work: FULL-TIME / PART-TIME / SHIFTS

If PART-TIME please indicate preferred hours: _____

Details of any other work which you will continue to undertake if you are offered this Job Position:

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM: _____

J. Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Expectations) Order 1975 applies. Applicants are therefore required to give information about convictions which for other purpose are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Have you at any time been convicted of an offence? YES NO

If YES, please provide details below:

K. Mandatory Training Requirements

Subject	Provided By	Certificate Expiry Date
Moving & Handling		
Fire Safety		
Health & Safety (including COSHH; RIDDOR)		
Infection Control		
CPR / Basic Life Support		
Food Hygiene		

L. Reference Details

- Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one MUST be your present or most recent employer:
- May we contact your referees prior to your interview? YES NO

Reference 1 (Present/ most recent employer)

Name:

Position:

Address:

Postcode:

Daytime phone :

Email:

Fax :

How long has this person known you?

In what capacity has this person known you?

Reference 2	
Name:	
Position:	
Address:	
	Post code:
Daytime phone number: Fax number:	Email:
How long has this person known you?	
In what capacity has this person known you?	

M. Bank Account Details

We'll pay your wages directly into a bank account

Name Of Bank:	Branch Name:
Account Holder Name:	
Bank Address:	
	Postcode:
Sort Code:	Account Number:

N. Declarations

1. WORKING TIME REGULATIONS

I am aware of The Working Time Regulations, 1998, and understand their implications with reference to my Terms & Conditions of Employment. The Organisation's Staff Time-keeping Records will confirm my hours worked on a weekly basis. Where these records confirm that I have worked in excess of 48 hours per week I agree that this 48-hour week limit under The Working Time Regulations, 1998, shall not apply to me. I understand that I may agree to opt back into the 48-hour week limit at any time, giving the appropriate notice due.

Signed:

Date:

2. BANK DETAILS

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed:

Date:

3. DATA PROTECTION

I agree that Solid Homecare retains the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

Signed:

Date:

7. TERMS & CONDITIONS

I confirm that the information given in this application is, to the best of my knowledge, true.

I am permitted to work in the UK.

I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from Disclosure Barring Service (DBS).

I undertake to inform Solid Homecare should I be convicted of an offence in the future.

I agree to respect the confidentiality of patients and any other information I may have access to, at all times.

Signed:

Date:

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of age, gender, gender orientation, background, culture, ethnic denomination, religious affiliation, marital status or disability. This is in accordance with our declared Equal Opportunities & Diversity Policy