

PROFESSIONAL QUALIFICATIONS

LEVEL ACHIEVED	DATE

TRAINING CERTIFICATES	DATE

PRESENT/ RECENT EMPLOYMENT

NAME OF EMPLOYER	REASON FOR LEAVING	DATES TO /FROM

Additional employers may be added on a separate sheet.

EMPLOYMENT REFERENCE

NAME	ADDRESS

CHARACTER REFERENCE

NAME	ADDRESS

SUPPORTING STATEMENT:

This must be completed

please give the reasons for applying for this job, outline any skills, experiences and attributes which you consider would make you a suitable employee of action home care

CRIMINAL RECORD

YOU ARE REQUIRED BY LAW TO OBTAIN A CRB PRIOR TO THIS EMPLOYMENT PLEASE GIVE INFORMATION BELOW OF ANY CONVICTIONS WHICH ARE SPENT UNDR THE PROVISIONS OF THE REHABILITATION OF OFFENDERS ACT 1974, AND YOU ARE REQUIRED TO GIVE DETAILS OF ANY CONVICTIONS WHICH STILL EXIST OR PROSECUTIONS PENDING. IN THE EVENT OF AN UNDISCLOSED CONVICTION OR PROSECUTION COMING TO LIGHT AT A LATER DATE IT WILL LEAD TO DISCIPLINARY ACTION, LEADING TO EITHER INSTANT DISMISSAL. ALL INFORMATION DISCLOSED WILL REMAIN CONFIDENTIAL.

I WISH TO APPLY FOR THE POST SHOWN AT THE TOP OF THIS APPLICATION FORM AND I CONFIRM THAT I HAVE NOT WITH HELD ANY RELEVANT INFORMATION. I HAVE INCLUDED A HEALTH DECLARATION FORM, AN UPTO DATE CV, PASSPORT PHOTOGRAPH AND ANY DOCUMENTATION I HAVE PROVING I AM PERMITTED TO WORK IN THE UK.

X _____

APPLICATIONS SIGNATURE AND NAME

PLEASE RETURN TO:

MRS J GANT
ACTION HOMECARE
MARKET HOUSE
MARKET STREET, LONG SUTTON
SPALDING,
LINCS
PE12 9DD

IF YOU HAVE DIFFICULTY IN USING THIS FORM AND WOULD PREFER IT WRITTEN IN LARGE PRINT, BRAILLE A LANGUAGE OTHER THAN ENGLISH PLEASE ADVISE THE MANAGER



GENERAL MEDICAL QUESTIONNAIRE

STRICTLY CONFIDENTIAL

NAME:.....

DATE OF BIRTH..../...../...../

HAVE YOU EVER:	YES/ NO	INFORMATION
HAD AN OPERATION		
BEEN SERIOUSLY INJURED		
RECEIVED A TREATMENT FOR A PHYSICAL OR MENTAL CONDITION		
BEEN REFUSED EMPLOYMENT DUE TO ILL HEALTH		
BEEN MADE ILL BY YOUR WORK		
DO YOU TAKE PRESCRIBED MEDICINE		
NEED GLASSES TO DRIVE/READ		
HAVE ANY KNOWN ALLERGIES		
SUFFER FROM HEART PROBLEMS		
SUFFER FROM STOMACH PROBLEMS		
SUFFER FROM SKIN CONDITIONS		
SUFFER FROM BACK PROBLEMS		
SUFFER FROM EAR/EYE PROBLEMS		
SUFFER FROM DIABETES		
OTHER:		

ANSWERING YES TO ANY OF THE ABOVE WILL NOT MEAN YOU WILL NOT BE CONSIDERED APPROPRIATE FOR EMPLOYMENT.

TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION I HAVE GIVEN ABOVE IS CORRECT.

SIGNED.....