APPLICATION FORM

GENERAL INFORMATION

TITLE:	D.O.B.
FIRST NAME:	SURNAME:

ADDRESS:

PHONE:	EMAIL:
MOBILE:	
NEXT OF KIN:	EMERGENCY CONTACT NUMBER:

DO YOU HAVE PERMISSION TO WORK IN THE UK?	
DO YOU HAVE A VALID UK DRIVING LICENSE AND ACCESS TO A VEHICLE?	
HOW MANY HOURS PER WEEK OF WORK ARE YOU LOOKING FOR?	

USING THE TABLE BELOW, PLEASE INDICATE YOUR AVAILABILITY FOR WORK

DAY	AVAILABLE FROM:	AVAILABLE TO:	AVAILABLE NIGHTS/SLEEP INS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

QUALIFICATIONS/TRAINING

Use The Table Below To Tell Us Of Any Qualifications/Experience In Health And Social Care (*Please Continue On A Separate Sheet If Necessary*)

QUALIFICATION	LEVEL	WHERE GAINED	DATES

It May Be Necessary For CareKind To View And Copy The Original Certificates Of Any Qualifications/Training Courses That Are Stated Here.

EMPLOYMENT HISTORY

**Please Use The Table Below To Provide A Previous Employment History (*Please Continue On A Separate Sheet If Necessary)*

JOB TITLE	NAME/ADDRESS OF PREVIOUS EMPLOYER	FROM/TO	JOB ROLE/RESPONSIBILITIES	REASON FOR LEAVING

REFERENCES

PLEASE PROVIDE 3 REFERENCES, ONE OF WHICH SHOULD BE YOUR LAST EMPLOYER.
PLEASE CIRCLE THE PREFERRED METHOD OF CONTACT AND PROVIDE THE CORRECT DETAILS.
TELEPHONE REFERENCES WILL TAKE A MINIMUM OF FIVE MINUTES.
ALL REFERENCES MUST BE OBTAINED PRIOR TO COMMENCEMENT OF ANY EMPLOYMENT.

NAME:	JOB ROLE:
WRITTEN REFERENCE ADDRESS:	
PHONE:	**EMAIL:**

NAME:	JOB ROLE:
WRITTEN REFERENCE ADDRESS:	
PHONE:	**EMAIL:**

NAME:	JOB ROLE:
WRITTEN REFERENCE ADDRESS:	
PHONE:	**EMAIL:**

Using The Box Below, Please Provide Information Which Demonstrates Your Suitability For The Position For Which You Are Applying. Continue On A Separate Sheet If Necessary:

FITNESS DECLARATION: Do you have any current or historical medical conditions that may restrict your ability to perform the role:	YES	IF YES PLEASE GIVE DETAILS IN THE BOX
	NO	

NAME:	SIGNATURE:	DATE:

The information supplied here is stored and used in accordance with the Data Protection Act

Please Return Completed Form To:

CareKind, 46b Victoria House, High Street, Whitchurch, Shropshire,
SY13 1EQ
Or Via Email to : info@carekind.co.uk