

ROSS NURSING SERVICES LTD

Arkesden Road, Clavering, Saffron Walden, Essex CB11 4Q
Tel : 01799 551046 Email: head.office@rossnursing.co.uk



CARERS APPLICATION FORM

Position Applied For: _____

Surname: _____ Title: Mr./Mrs./Miss./Ms.

Forenames: _____ Maiden Name: _____

Address:

_____ Postcode _____

Tel No: _____ Mobile phone No: _____

Email address: _____

Nationality _____

Hours available for work: _____

Work Permit Required YES / NO

National Insurance No: _____

Do you speak a language other than English? NO / YES _____

Do you have your own transport YES / NO

Your car insurance:

Fully Comprehensive with Business Travel Use?

Fully Comprehensive?

Third party?

EDUCATION

Schools, College / University, Since Age 11	Dates, From /To	Exams

CARING TRAINING / CARING EXPERIENCE

Organisation	Dates From / To	Qualifications

EMPLOYMENT HISTORY

<u>Present Or Most Recent Employment:-</u>			
Employer's Name & Address	Position: _____ Date Started: _____ Salary: _____ Reason for Leaving: _____ _____ Period of Notice: _____		
<u>Previous Employment:-</u>			
Employer's Name	Position	From / To	Reason for Leaving

Please explain any gaps in your employment whether it be for maternity leave or any other reason:

If you are registered under the Disabled Persons (employment) Act state:

Registration Number: - _____

Expiry date of Certificate: - _____

The sort of work for which you are applying is excluded from the operation of Section 4(2) of the Rehabilitation of Offenders Act 1974. You must therefore provide below details of any convictions current or spent. If you fail to provide any of these details and are employed the omission may lead to dismissal. Any information given here will be treated as strictly confidential and will be considered only in relation to posts which are excluded from the operation of the 1974 Act by the Rehabilitation of Offenders Act 1974 (Exemptions) Order.

List all previous convictions. If none write "NONE".

Signature _____ Date _____

REFERENCES

Please give three referees. These should be your most recent employer, a previous employer, and a personal reference from someone who has known you for more than five years.

RECENT EMPLOYER	
Employer's Name: _____	Employer's Telephone: _____
Employer's Address: _____ _____	Employer's Email: _____
Post Code: _____	Employer's Position: _____
	Are you happy for us to contact them? YES / NO

A PREVIOUS EMPLOYER

Employer's Name: _____	Employer's Telephone: _____
Employer's Address: _____ _____	Employer's Email: _____
Post Code: _____	Employer's Position: _____
	Are you happy for us to contact them? YES / NO

PERSONAL REFERENCE

Referee's Name: _____	Referee's Telephone: _____
Referee's Address: _____ _____	Referee's Email: _____
Post Code: _____	Referee's Occupation: _____
	How long have they known you? _____

EXPERIENCE

What experience do you have of working in an unsupervised environment?

What do you consider to be your strengths?

What do you consider to be your weaknesses?

Next of Kin (In case of Illness or Accident)

Name: _____ **Relationship to you** _____

Address: _____

_____ **Postcode** _____

Tel No:- (Day) _____ **(Night)** _____

Signature _____

Date _____

Please check that you have answered all questions as fully as possible and return the form to:

**The Manager
Ross Nursing Services Ltd
Arkesden Road Clavering
Saffron Walden
Essex CB11 4QU**