

SPDNS House, 449 London Road, Westcliff on Sea, Essex SS0 9LG Telephone 01702 431300 email: info@spdnshomecare.com

Application for Employment

Surname:	Date of Birth:	
Forenames:	National Insurance Num	nber:
Address: Postcode:	•	
Telephone:		
Email:		
Do you consent to us using your personal email communications?	address to send you work	related Yes/No
Do you have a valid driving licence for the UK?		Yes/No
Do you have access to a vehicle which can be u	ised for work purposes?	Yes/No
Are you legally eligible for employment in the U	〈 ?	Yes/No
Do you require a work permit?		Yes/No
Nurses only: Pin No: Date of	registration:	Expiry date:
Professional qualifications & levels held:		
All applicants: Please detail any other profe	ssional qualifications/awa	ards held (e.g. NVQ)

Certificates / further training: detail any current training you have attended in the following:

	Yes	No	Date attended	Training from
Manual Handling				
First Aid				
Health & Safety				
Infection Control				
Food Hygiene				
Safeguarding/Adults Children				

Full work record (since leaving school)

List your previous employment, starting with present or most recent, include any unemployment gaps, e.g. maternity break or break to care for dependents or period of unemployment.

Use a continuation sheet if required. CV's can be sent in as an addition to this section.

Date to / from	Employer Name & Address	Job Title / responsibilities	Reason for leaving
		<u>i</u>	

applying for this post and how you feel yo specification. Give as much information a	ng the job description please tell us why you are ou meet the requirements listed in the person as necessary to demonstrate the skills, experience
and knowledge you have gained in empi	oyment and/or through domestic / family experience.
One reference must be from your prese duration. Relatives or friends are not	f the people who have agreed to supply your references ent / most recent employer, of not less than 3 months acceptable as referees. Additional referees may be not be taken up prior to an offer of employment. 2. Name:
Address:	Address:
	/ Address.
Post Code:	Post Code:
Job Title:	Job Title:
Telephone Number:	Telephone Number:
Capacity in which known:	Capacity in which known:
Notice required from present employe	or:
If successful and given a provisional job listed referees:	offer, do you consent to us contacting the Yes / No

	т:.	mae Availa	ble for work (Diago tiels	if availab	رمار)	
	Monday	Tuesday			Friday	Saturday	Sunday
Morning	Worlday	Tucsuay	Wearlesday	Thursday	Triday	Cataraay	Juliaay
Lunch							
Теа							
Bed							
Under the substantia	al and long	ne Act a dis -term adver	ability is define se effect on a	person's abil	lity to car	•	
activities"	SPDNS w	elcome app	lications from o	disabled peo	ple.	_	
Do you co	onsider you	ırself disabl	ed? Yes / No	or Do not	wish to d	isclose:	
If yes, do	you need	special arra	ngements to e	nable you to	attend fo	or interview?	Yes / No
Disclos	ure and I	Barring S	ervice (DBS)			
Failure to checks wi definition	provide yo ith Adults a	our DBS chand/or Childed and Activity.	e check and on leck will prever Iren's Barred li SPDNS compl	nt your appl st check will	ication be be requi	eing consider red for posi	ered. Enhance tions which m
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Do you ha Act 1974?	-	spent condi	tional cautions	or convictio	ns under	the Rehabil	itation of Offer Yes /
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(England f so, pleaconfidenti Declara The enclo	and Wales ase attach al) for the a tion sed is, to t that I am 18	habilitation) Order 202 this informate attention of the best of real years of a	of Offenders 20? ation on a sepa	Act 1974 arate sheet p Administrate complete are that I am e	Exception of Excep	ons) Order in envelope iclose with y te in every r live and wor	1975 (Amen Yes / I (marked priva your application respect. kk in the UK.