# LARKSFIELD CARE APPLICATION FORM

Affix

Photo

**PLEASE COMPLETE FULLY AND IN CAPITAL LETTERS (To be scanned clearly for submission)**

# JOB INFORMATION

## POSITION APPLIED FOR

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# PERSONAL INFORMATION

## SURNAME

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## GIVEN NAME(S)

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**PREVIOUS NAMES (Supply documentary evidence e.g. marriage certificate, deed of name change etc.)**

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## DATE OF BIRTH

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# CONTACT INFORMATION

## CURRENT RESIDENTIAL ADDRESS

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## POST CODE MOVED TO THIS ADDRESS

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## MOBILE PHONE NUMBER HOME PHONE NUMBER

## EMAIL ADDRESS

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# EMERGENY CONTACT/NEXT OF KIN DETAILS

## FULL NAME

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## CONTACT ADDRESS

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## RELATIONSHIP

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## POST CODE MOBILE PHONE NUMBER

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**MEDICAL INFORMATION: (In Case of Emergency)**

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| **MOBILE PHONE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# EMPLOYMENT INFORMATION

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| **NATIONAL INSURANCE NUMBER** |  |  |  |  |  |  |  |  |  |  |  |

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| **NURSING AND MIDWIFERY COUNCIL PIN NUMBER** |  |  |  |  |  |  |  |  |  |  |  |

## CAPACITY TO WORK IN THE UNITED KINGDOM

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| --- | --- |
| **Are there any restrictions to your residence in the UK which might affect your right to take up employment (Please state YES/NO)** |  |
| **If Yes, please state details:** | |

# PREVIOUS EMPLOYMENT

Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; **PLEASE NOTE INFORMATION PROVIDED IS CRUCIAL FOR EMPLOMENT REFERENCE PURPOSES.**

**1. NAME OF YOUR MOST RECENT/LAST EMPLOYER:**

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**CONTACT ADDRESS OF YOUR MOST RECENT/LAST EMPLOYER:**

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## POST CODE DATE EMPLOYED

## OFFICE PHONE NUMBER EXIT DATE

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## NATURE OF BUSINESS POSITION HELD

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| **CONTACT EMAIL ADDRESS** | | | | | | |  | | | | | | |  | | | | |  | | | | | |
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| **REASON FOR LEAVING** | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |
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**2. NAME OF PREVIOUS EMPLOYER:**

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**CONTACT ADDRESS OF PREVIOUS EMPLOYER:**

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## POST CODE DATE EMPLOYED

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## MOBILE PHONE NUMBER EXIT DATE

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## NATURE OF BUSINESS POSITION HELD

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| **CONTACT EMAIL ADDRESS** | | | | | | |  | | | | | |  | | | |  | | | | | | |
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| **REASON FOR LEAVING** | | | | | | |  | | | | | | | |  | | | |  | | | | | | |
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# EDUCATION & TRAINING

PLEASE TICK RELEVANT QUALIFICATION OBTAINED***(Please provide copies of certificates)***

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| ENTRY LEVEL/SKILLS FOR LIFE |  | HND/HNC/NVQ4 |  |
| GCSE/NVQ1-2 |  | BACHELORS DEGREE/NVQ5 |  |
| A LEVELS/NVQ3 |  | ANY OTHER QUALIFICATION (Please state)    ---------------------------------------------------------------------------------------- |  |

**TRAINING HISTORY/PROFESSIONAL STATUS:*****(Please provide copies of certificates/Membership details)***

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| **Training/Professional Qualification Title** | | **Date Completed** | **Location/Details** | **Notes** | |
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|  | | **CHARACTER REFERENCE** | | | |
| Name of Referee: | |  | | | |
| Contact Address: | |  | | | |
| Post Code: | |  | | | |
| Telephone Number | |  | | | |
| Relationship to You | |  | | | |

# CRIMINAL RECORD

**Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS.**

|  |
| --- |
| **Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.** |
|  |
| **SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING** |
| **I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my engagement with Linday Medicare Services. I understand that if any of the information supplied by me is found to be falsely declared, my engagement may have been fundamentally breached and my services may be terminated immediately.**    **I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer.**    **It will also be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people.**    **If the post I have applied for is as a Registered Nurse, my engagement will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers.**    **By my signature, I authorize the organisation to request a DBS Register check and a criminal records check from the DBS, on initial engagement and at any time during the course of my relationship with Linday Medicare Services thereafter.**    **I undertake to inform Larksfield Care Services immediately if my DBS Register status or criminal status changes at any time during engagement, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.**    **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |