



Ashrey Care Limited

APPLICATION FORM
PRIVATE & CONFIDENTIAL

Passport Photos

X 2

Mr/Mrs/ Miss/ Ms (please delete as appropriate)	
First Name:	
Middle Name:	
Surname:	
Date of birth:	
National Ins. No.	
Address:	
Postcode :	
Home Tel:	
Mobile:	
E-mail:	
Marital Status:	
Next of kin:	
Relationship:	
Address:	
Postcode:	
Phone Number:	
Do You Have Permission To Work In The UK?	YES / NO
Do You Have A Valid Passport?	YES / NO
You Have A Valid Work Permit?	YES / NO
Mobility:	
Do You Have Access To A Car	YES / NO
Which Can be Used For Work Purposes?	YES / NO
Do you have business insurance	YES / NO
Do You Hold A Full UK Driving Licence?	YES / NO

QUALIFICATIONS/TRAINING

Qualifications	School/College	Grade/Result	Dates: From-To

Relevant Training/Qualifications in Healthcare		Certificates Date
Manual Handling	YES/NO	
Health and Safety	YES/NO	
Basic Food Hygiene	YES/NO	
First Aid	YES/NO	
Diploma in Social Care (NVQ)	YES/NO	
Others (please list)	YES/NO	

EMPLOYMENT HISTORY / WORK EXPERIENCE

Please record all employment in the past 5 years, including current employment by other agencies, and any other relevant experience gained within the health care field. Please start with the most recent. **Please note that we shall obtain a reference from your LAST EMPLOYER**

Employer Name, Address & Tel no.	From d/m/y	To d/m/y	Position held, Duties and Responsibilities	Reason for Leaving

REFERENCES

1a) Must be your most recent employer (of at least 3 months duration) which must correspond with your employment history.

Name of Employer.....

Address of employer.....

.....

Telephone Number

E-mail

Fax Number.....

1b) Another of your Employers in the last 3 years:

Name of Employer.....

Address of employer.....

.....

Telephone Number

E-mail

Fax Number.....

2) Must be a fellow health care professional who does not live with you and is able to supply a character Reference of your personal and professional profile.

Name of Employer.....

Address of employer.....

.....

Telephone Number

E-mail

Fax Number.....

WORK PREFERENCE

To assist us in finding suitable work for you, please place a tick next to all specialties of which you have significant recent experience and are confident to carry out such duties.

Please keep us informed from time to time of all developments in your career as the work we assign to you depends on accurate up to date information.

WORK PREFERENCE: (Please tick)	
<i>Full time / Part time</i> <i>If part time, how many hours per week do you want to work...</i> <i>Home care and pop-in visits</i> <i>Hospitals</i> <i>Nursing/Residential Homes</i> <i>Morning / Day / Evening / Night Sleeper duty</i>	
Live-In Care	
<i>Please state if you are able to work as a 24-hour Residential (live-in) Carer.</i>	YES / NO
<i>If YES, would you like:</i> <i>Long..... or short assignments?</i>	
<i>Would you accept a live-in assignment some distance from your home?</i>	YES / NO
<i>If NO, please specify preferred areas:</i> 	

EQUAL OPPORTUNITIES MONITORING

Ashrey Care Limited aims to be an equal opportunities employer. Employees are therefore put forward for work / shift irrespective of race, ethnic origin, disability, age and gender. In order to monitor the effectiveness of our policy, we request all candidates to provide the following information.

Name				
Age Group	16 – 20 <input type="radio"/>	21 – 35 <input type="radio"/>	36 – 50 <input type="radio"/>	50+ <input type="radio"/>

Registered disability	<input type="radio"/>
Unregistered disability	<input type="radio"/>
No disability	<input type="radio"/>

Please tick appropriately which best describes your Ethnic Origin.	
White European	<input type="radio"/>
White Other	<input type="radio"/>
Black African	<input type="radio"/>
Black Caribbean	<input type="radio"/>
Black Other	<input type="radio"/>
Indian	<input type="radio"/>
Pakistani	<input type="radio"/>
Chinese	<input type="radio"/>
Other	<input type="radio"/>

How did you hear about the post?

.....

Are you related or do you know any member of staff at Ashrey Care Limited

.....

REHABILITATION OF OFFENDERS ACT 1974

You are advised that you are not entitled to withhold information about convictions, which are regarded as spent under the Act'. This is due to the nature of the work involved renders the post exempt from sec. 4(2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

*You are therefore required to give details of all convictions and cautions including 'spent' convictions. Any information, which you may give, will be strictly confidential and will be **considered only** in relation to this or a similar position for which you may be considered with Ashrey Care Limited.*

*Have you ever been convicted of a criminal offence? **YES I NO***

*If **yes**, please give details of all convictions and cautions, including spent convictions and cautions: (please use a separate sheet if necessary)*

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You are required to complete the Disclosure and Barring Service (DBS) Disclosure form. All health professionals registered with Disclosure and Barring Service are subject to this disclosure process in the interests of all parties concerned.

DECLARATION

I declare that:

*All information given is true in every respect. I have read and understood the Terms and Conditions and I agree to comply with the current Health and safety at work Act
(ii) I have never been charged with, or convicted of an offence under any legislation dealing with Residential care or any offence involving dishonesty or violence.
(iii) I have been issued with a staff handbook and informed of the importance of reading and understanding it.*

Signature. **Date**.....

Disclosure and Barring Service – ENHANCED DISCLOSURE	
Forenames	Surname
I understand that before I can commence work with Ashrey Care Limited, I will need to be in possession of a DBS Enhanced Disclosure.	
Signature	Date / /

DOCUMENTS NEEDED FOR REGISTRATION

- **VALID WORK PERMIT**

(Or if Student, College ID and Student Visa,)

- **BRITISH PASSPORT** (or other current Home Office Document authorizing you to work in UK)

- **NATIONAL INSURANCE (NI) CARD**

(Or P45 or P60 or letter confirming you have applied for Ni)

- **PROOF OF ADDRESS & TRAINING**

CERTIFICATES E.g. Driving Licence, Utility Bill, or any formal letter with your name and address

- **2 CURRENT PASSPORT SIZE PHOTOGRAPHS**

- **DISCLOSURE BARRING SERVICE CERTIFICATE (DBS)** you apply with us.

[Link](#)