



160, London Road

Jhumat House, (Regus)

Barking, Essex

IG11 8BB

Tel: 0208 594 1596

Web: [www.karia-care.com](http://www.karia-care.com)

## APPLICATION FORM

All information given will be treated as strictly confidential

SURNAME: \_\_\_\_\_

FORNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality : \_\_\_\_\_

Are you eligible to work in the UK? \_\_\_\_\_ .If yes ,Expiry Date \_\_\_\_\_

National insurance Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Approx No hours Wanted: \_\_\_\_\_ Full-time/Part - time: \_\_\_\_\_

Days/Nights/Mornings/Afternoons/Evenings or Weekends only: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Next of Kin Name and Address : \_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

EDUCATION HISTORY

School/college Training undertaken	Examination/ Qualifications obtained	From	To

Professional Courses

Name of College Training undertaken	Examination/ Qualifications obtained	From	To

EDUCATION HISTORY

EMPLOYMENT HISTORY

Company Name and Address	Position Held	From	To	Reason for leaving
( Please start with the most recent employer)				

## EDUCATION HISTORY

Do you hold a full UK Driving License?-----Yes/No
Do you now or have a regular access to a car? ----- Yes/No
If yes please state the car Registration:_____
Details of any driving endorsement in the last five year:_____
Due to the nature of the work you may be requested to work at short notice please indicate how much notice you would require_____

Signature\_\_\_\_\_ Date\_\_\_\_\_

## HEALTH DETAILS

Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying for? : -----Yes/No
If yes please give details:
Please give details of all absences from work in the last 12 months ,except holidays:
GP Name:
Telephone Number:
Address_____
_____
_____
_____
_____ Post Code_____
(Your GP will not be contacted)

## EDUCATION HISTORY

### REFEREES

You must provide references from you two most recent employers. Please provide an additional character referee. All will be contacted, therefore inform the referees that you have used their name. If you cannot provide the required references, please discuss the matter with us.

#### Current or most recent employer.

Name:	
Address:	
Post Code:	
Tel No:	
Job title:	

#### Previous employer to the one above:

Name:	
Address:	
Post Code:	
Tel No:	
Job title:	

#### Character reference:

Name:	
Address:	
Post Code:	
Tel No:	
Job title:	

EDUCATION HISTORY  
DISCLOSURE AND DECLARATION

CRIMINAL RECORD

Workers in Reline care Ltd are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the CRB. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions. You will not be eligible for work in a care setting if you are on the ISA Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below:

Multiple horizontal lines provided for entering criminal record information.

**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 contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.*

*I understand that I cannot be offered a post until a satisfactory response has been received with respect to my ISA 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, and that confirmation of the employment will be subject to a satisfactory criminal record check from the CRB. I understand that until a satisfactory response is received from the CRB, and my employment is confirmed, 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 confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request an ISA Register check and a criminal records check from the CRB, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my ISA Register status or criminal status changes at any time during my employment, 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.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

EDUCATION HISTORY

EQUAL OPPORTUNITIES AND MONITORING FORM

In order to maintain equality of opportunity within Reline Care limited, applicants are invited to complete the following form in order to assist the monitoring of our workforce to be representative of the local community by targeting any under-represented groups.

Gender		Male			Female
Marital Status		Married		Single	Partnership/Co-habiting
Nationality/Ethnicity:					
Asian		Black		Caucasian	
Pakistani		Caribbean		British	
Bangladeshi		African		European	
Indian		British		Others	
British		European			
Others		Others			
Disability: Do you have any disability?-----Yes/No If Yes ,please specify:_____					
Are you register disable?-----Yes/No Registration Number:_____					
Any further information:_____					
Worker Name and Address:_____					
Position applied for:_____					
Signature:_____			Date:_____		