



**Employment Application Form**

(Please complete in block letters only)

**Position Applied For:** \_\_\_\_\_

**Personal Details**

<b>Your last name:</b> _____	<b>Your first name/s:</b> _____
<b>Address:</b> _____	
_____	<b>Postcode:</b> _____
<b>Day time telephone:</b> _____	<b>Home telephone:</b> _____
<b>Mobile telephone:</b> _____	<b>Email:</b> _____
<b>Date of birth:</b> _____	<b>Place of birth:</b> _____
<b>N. I. number:</b> _____	<b>Marital status:</b> _____
<b>UK driving licence number:</b> _____	

**Present Address:**

**Previous Address:**

Postcode: Time at this address: From (month/year) ...../..... To (month/year) ...../.....	Postcode: Time at this address: From (month/year) ...../..... To (month/year) ...../.....
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**Nationality**

If not British/EEC please state Visa status  
(Are you allowed to work in the UK)

YES  NO

**Date of entry into the UK**

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**Passport Number**

**Date of Issue**



**Next of kin/person to contact in an emergency**

**Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Telephone:** \_\_\_\_\_

**For those applying for care work:**

Please specify your availability by circling:

MON		TUES		WED		THUR		FRI		SAT		SUN	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

What type of work are you interested in? (Please specify with a tick)

	YES	NO
Walk-In (Pop-in visits)		
Sit- (Companionship calls)		
Sleep-In (Overnight care)		
Live-In (24 hour care)		

Do you have a problem working with pets? If yes please give details below

YES	NO

\_\_\_\_\_

**Education:**

Place of education:	Start date:	End date:	Exam results:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Employment History**

**Current / last job:**

Employer's name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Start date: \_\_\_\_\_ Leaving date: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_

Main duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Job:**

Employer's name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Start date: \_\_\_\_\_ Leaving date: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_

Main duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_



**Reference:**

Please provide two references in the space provided. One referee must be your most recent employer. Please give reasons if this is not the case.	
<b>Reference 1 (Most recent employer)</b>	<b>Reference 2</b>
Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Fax:	Fax:

References may be taken up prior to interview. Please indicate with a tick if you do not wish references to be requested before interview.

**HOME OFFICE CIRCULAR HOC102/88**

**ALL APPLICANTS MUST ANSWER ALL QUESTIONS ON THIS FORM. FAILURE TO DO SO WILL RENDER YOUR APPLICATION INVALID.**

**In accordance with the above circular, you are required to provide the following information which will be passed on to the police authorities to check the existence and content of any criminal record.**

**Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions', which for other purposes are "spent" under the provisions of the Act and in the event of employment, any failure to disclose such convictions' could result in removal from PCT Diamond Care Services Limited register. Please note this information will only be provided to and checked with the Police authorities after a recruitment interview has taken place.**

**PLEASE ANSWER THE FOLLOWING QUESTIONS (PLEASE USE BLOCK CAPITALS THROUGHOUT).  
Having a criminal record will not necessarily be a bar to employment with PCT Diamond Care Services Limited.**

**Have you ever been convicted of a criminal offence?**

	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

**If yes, please specify**

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**EQUAL OPPORTUNITY MONITORING FORM**

PCT Diamond Care Services Limited is committed to promoting equal opportunities. It is our policy to ensure that all job applicants and employees receive equal treatment irrespective of their gender, race, color, age or disability. To enable us monitor this effectively, please complete below, as applicable to you. Information provided is strictly for monitoring purposes.

**Gender:**

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

**Nationality/ Origin:**

Asian	Black	Caucasian
Bangladeshi { }	African { }	British { }
Pakistani { }	Caribbean { }	European { }
Indian { }	British { }	Other { }
British { }	European { }	
Other { }	Other { }	

**DISABILITY**

Do you consider yourself as having a disability that could affect your day-to-day work? If yes, please specify: \_\_\_\_\_

Are you a registered disabled?      Yes { }                                      No { }

If yes, please provide your registration number \_\_\_\_\_

Any further information \_\_\_\_\_



Describe your general health:

What regular exercise do you take?

What are your interests, hobbies etc.?

What hours would you like to work?

What hours would you not like to work?

If you are offered this position, when would you be able to start?

Why would you like this position?

What makes you think you are suitable for it?

When are you available for interview?

When are you **not** available for interview?

If offered the position, how would you get to work and back?

Give details of any other work you would be or might be doing as well if you were given this position:



**Support statement**

Please use space provided below to supply more information (anything you would like to tell us about yourself, your capabilities, experience etc. that might assist you get an interview for this position) in support of your application. Please continue on a separate sheet as appropriate.

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I understand that if I am successful in being offered this position it will be subject to at least:

- a. two satisfactory references
- b. any necessary checks that may have to be made, including police checks
- c. suitable proof of identity

I confirm that, to the best of my knowledge, the information that has been provided on this application form is correct. I understand that false information may lead to my application not going through to interview. I also understand that the information/data given may be used for registered purposes under the Data Protection Act 1984. I also understand that I may be dismissed if I gain this position through false information.

Your name:

Signature:

Date:

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Date interviewed:

Interviewers notes:

Offer letter sent:      No      Yes,                      Date sent:

Start date:



### Confidential Medical Questionnaire

We consider the welfare of those in our care as our prime purpose, which means ensuring the best standards of care being provided. Therefore, the well-being of our staff is essential in the standard of care we provide to our Service Users. Please complete the following questionnaire:

**Have you or do you suffer from:**

- Heart or chest problems                      No    Yes    If yes, details:
- Lung or breathing problems                No    Yes    If yes, details:
- Rheumatism or arthritis                    No    Yes    If yes, details:
- High blood pressure                        No    Yes    If yes, details:
- Frequent headaches                        No    Yes    If yes, details:
- Tiredness or weariness                    No    Yes    If yes, details:
- Swollen legs or ankles                      No    Yes    If yes, details:
- Varicose veins                                No    Yes    If yes, details:
- Back problems, in any way                No    Yes    If yes, details:

**Have you ever been:**

- Operated upon                                No    Yes    If yes, details:
- Seriously injured                            No    Yes    If yes, details:
- Disabled                                        No    Yes    If yes, details:
- Made ill by your work                      No    Yes    If yes, details:

**Do you need to:**

- Wear glasses, lenses etc.                No    Yes    If yes, details:
- Wear hearing aids                          No    Yes    If yes, details:
- Take regular medication                 No    Yes    If yes, details:

Have you ever been refused employment, dismissed from employment or left employment for any health reason/s at any time?    No    Yes    If yes, details:

To the best of my knowledge, the information I have given in this questionnaire is correct and if I have knowingly given false information I understand that I could be dismissed for gross misconduct.

Name:

Signature:

Date: