

Rely Care Agency Ltd
33a Himbleton Rd St John's Worcester WR2 6BA
Tel/Fax 01905 339331 or 07717456099
www.relycareagency.co.uk



Accredited By Care Quality Commission (CQC)

Application Form

Position Applied for

Full Time Part time Casual

Will this be your main employment Yes No

If no please state you're other employer on your employment history sheet

TITLE Mr/Mrs/Miss/Ms

FORENAME

SURNAME

ADDRESS

TELEPHONE NO: HOME

WORK

EMAIL ADDRESS

DATE OF BIRTH

NAME AND ADDRESS

NEXT OF KIN

TELEPHONE NUMBER

RELATIONSHIP

NATIONAL INSURANCE NO:/...../...../...../.....

Do you hold a current UK driving license? Yes () No ()

Do you have a car? Yes () No ()

Do you have business insurance for the car

Have you been police checked ? Yes Issue date No CRB Number

REFEREES:

Please give the name of two recent professional referees (not Related to yourselves), Stating their position. One referee must be your last employer.

1. Name: Qualification:

Position held by referee: Date of employment:

Address:

..... Post Code:

Telephone No: STD

2. Name: Qualification:

Position held by referee: Date of employment:

Address:

..... Post Code:

Telephone No: STD

***** Full Employment history please *****

| Recent employer/address | Position held | From : | To : | Reason For Leaving |
|---|------------------|--------|------|--------------------|
| | | | | |
| Previous employer(s) and address (es) | Position(s) held | From : | To : | |
| | | | | |
| Continue on a separate sheet if necessary | | | | |

***** Please complete reasons for any gaps in your employment history *****

| Name / address of school, College. | Courses or subjects taken and what qualification was gained | From: | To : |
|---------------------------------------|--|-------|------|
| | | | |

| Courses taken for non and qualified staff , which college or school of nursing | What qualification was obtained | From: | To: |
|--|---------------------------------|-------|-----|
| | | | |

Would you like the option of being able to go on courses whilst working for the agency _____

Which course would you like to attend

F: REHABILITATION OF OFFENDERS ACT, 1974

Through the 1975 Exemptions Order of the Rehabilitation of Offenders Act, 1974, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employers, to ask the following question. Any information supplied by yourself will remain confidential and considered only in relation to this Job Application:

With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a Court of Law?

YES / NO **If "YES" please provide brief details of the offence(s) and relevant dates:**

Do you hold professional Indemnity Insurance? Yes: () No: ()
Insurance company details if the answer is yes

HEALTH

Details and dates of any serious illness or hospitalisation:

.....
.....

Have you within the last three years consulted your doctor for any major conditions? If so please state.

.....
.....

DECLARATION

I confirm that I am eligible to work in the UK and that I am 18 years of age or over.

I declare that all the information given is true and I understand that any false or misleading information may render me liable for disciplinary action or dismissal from the agency.

I also understand that my details will be submitted to the Criminal Records Bureau for a police check and that I agree to pay the Administration cost which the Bureau charge.

The agency will if necessary or request from an organisation do annual CRB, which the employee is responsible to pay admin charges £48.00

Whilst you are employed by the agency you are required to inform the agency of any criminal offences committed which includes driving offences. Failure to do these will lead to disciplinary action against you

I am willing for my personal details to be shared with CQC when the agency has an inspection

I agree that a payment towards Professional Indemnity Insurance will be deducted from my wages on a weekly basis.

SIGNED ----- **DATED** -----

Apr 2011