



# CAREPLUS

HEALTHCARE SERVICES LTD

"Valuing each person as an individual"

THE UK'S LEADING  
HEALTHCARE RECRUITER

## New Candidate Application Form



**PLEASE COMPLETE FULLY WITH BLACK PEN AND IN CAPITALS**

Date Application Form Filled In .....

Position Applied For .....

Full-Time 7am Till 10pm / Part-Time 7am -3pm Or 2pm To10pm .....

Forename .....

Surname .....

Any Previous Names Dates To And From .....

Current Address .....

Dates At This Address .....

Telephone Number .....

Previous Addresses And Dates Moved In And Out Covering The Last 5 Years (For Your DBS)

.....

Do You Have A Clean DBS .....

Do you have a Car and A Clean Licence .....

Endorsements ..... Insurance Business Class 1    Yes     No

Date Expire .....

Have You A Car And A Clean License .....

## CAPACITY TO WORK IN THE UK

**Do You Have Work Permit?**    Yes     No

Give Details .....

BRP Number .....

Give Share Code .....

(Delete As Applicable)

**Are There Any Restrictions On Your Residence In The UK Which Might Affect Your Right To Take Up Employment In The UK?**    Yes     No

If Yes, Please Provide Details .....

(Delete As Applicable)

**If You Are Successful In The Application, Would You Require A Work Permit Prior To Taking Up Employment?**    Yes     No

## EDUCATION

School/College/University	Examinations Passed/Qualifications Gained
	(Please Supply Copies Of Certificates)

TRAINING HISTORY/PROFESSIONAL STATUS (Relevant To Position Applying For) .....

.....

Date of Graduation/Qualification	Location/Details	Notes
	(Please Supply Copies Of Certificates/membership Details)	

## EMPLOYMENT HISTORY

**Current or most recent Employer first. Information must cover at least the last 5 years. State the reasons for any breaks in employment. Use a separate attached sheet if required please sign that sheet(s).**

Name And Address Of Employer Prior To The Employer Listed Above .....

.....

From (Date Employed) .....

To .....

Nature Of Business .....

Position Held And Reason For Leaving .....

Salary/Rate .....

Name And Address Of Employer Prior To The Employer Listed Above .....

.....

From (Date Employed) .....

To .....

Nature Of Business .....

Position Held And Reason For Leaving .....

Salary/Rate .....

Name And Address Of Your Most Recent/Last Employer .....

.....

From (Date Employed) .....

To .....

Nature Of Business .....

Position Held And Reason For Leaving .....

Salary/Rate .....

Name And Address Of Employer Prior To The Employer Listed Above .....

.....

From (Date Employed) .....

To .....

Nature Of Business .....

Position Held And Reason For Leaving .....

Salary/Rate .....

Name And Address Of Employer Prior To The Employer Listed Above .....

.....

From (Date Employed) .....

To .....

Nature Of Business .....

Position Held And Reason For Leaving .....

Salary/Rate .....

(Delete As Applicable)

**Were There Gaps In Your Employment History?**

Yes  No

If yes, give details of activities involved in during the gap.

Please give details of relevant experience. This may be taken from work situation, voluntary work, charity or your own home. Please use a separate sheet if insufficient space is available.

## REFERENCES/N.O.K DETAILS

You must provide references from your two most recent employers. Please provide an additional character referee if you cannot supply the two most recent. Please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

### CURRENT OR MOST RECENT EMPLOYER:

Name .....

Address .....

.....

Postcode .....

Tel No .....

Email .....

Job Title .....

### PREVIOUS EMPLOYER TO THE ONE ABOVE:

Name .....

Address .....

.....

Postcode .....

Tel No .....

Email .....

Job Title .....

**CHARACTER REFERENCE:**

Name .....

Address .....

.....

Postcode .....

Tel No .....

Email .....

Relationship To You .....

**NEXT OF KIN:**

Full Name .....

Relationship .....

Tel No .....

Address .....

.....

GP's Name .....

Relationship .....

Tel No .....

Address .....

.....

**DECLARATION TO BE SIGNED BY ALL APPLICANTS**

**To the best of my knowledge the answers to the questions on this form are correct. I understand that if I knowingly with-hold information or give a false declaration, this may have implications with my employment.**

Form Completed by (Name) .....

Signature ..... Date .....

Original documents only – no photo-copies	I confirm that I have seen the original documents, signed for to confirm the identity of the applicant (signed by interviewer)	Date
1. Photographic		
Passport/New Driving License.		
And/or (With One Of The Above)		
Birth Certificate/other Certificates With Name Changes I.e.: -marriage		

2. Proof of Address x2		
Utility bill, Credit card statement, Bank statement, Council tax bill correct name and address, and < 3 months old. If other, please identify what and dates.		

**IMPORTANT: TAKE PHOTO COPIES OF THE ORIGINALS AND PLACE IN THE SECTION  
OF THEIR PERSONAL FILE IF SUCCESSFUL.**

Note: Minimum age legislation dictates that Care workers in general must be 18 years old or older. Please inform your interviewer immediately if you do not meet these specifications.



## Notes

A series of horizontal dotted lines for writing notes.