



📍 146 Cranbrook Road,  
Ilford IG1 4LZ

☎ Tel: 0208 5146095  
mobile: 07436532519

📧 info@homecounties-care.co.uk  
www.homecounties-care.co.uk

## APPLICATION FOR EMPLOYMENT

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel \_\_\_\_\_ Mob \_\_\_\_\_

Email \_\_\_\_\_  Male /  Female

Date Available \_\_\_\_\_ N.I. Number \_\_\_\_\_

Name of Bank \_\_\_\_\_ Sort code \_\_\_\_\_

Account no \_\_\_\_\_

Next of Kin name \_\_\_\_\_ Contact No \_\_\_\_\_

Position Applied for     Domestic     Kitchen     Carer     Nursing     Team Leader

Are you a citizen of the United Kingdom     YES     NO

Are you authorised to work in the UK     YES     NO

UK Driving Licence No \_\_\_\_\_ Expiry Date \_\_\_\_\_

For nursing positions, PIN number \_\_\_\_\_ Expiry Date \_\_\_\_\_

## EDUCATION

Secondary School/Univerity \_\_\_\_\_ From/To \_\_\_\_\_

Address \_\_\_\_\_

Qualification \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Training \_\_\_\_\_

## REFERENCES

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company Name & Address \_\_\_\_\_

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

Email \_\_\_\_\_ Tel \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company Name & Address \_\_\_\_\_

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

Email \_\_\_\_\_ Tel \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company Name & Address \_\_\_\_\_

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

Email \_\_\_\_\_ Tel \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Company Name \_\_\_\_\_ Position held \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Tel \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_ From/To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final salary £ \_\_\_\_\_

May we contact your previous employer for reference:  YES  NO

Company Name \_\_\_\_\_ Position held \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Tel \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_ From/To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final salary £ \_\_\_\_\_

May we contact your previous employer for reference:  YES  NO

## HEALTH DETAILS

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory reports.

Have you ever had:	Tick where applicable	Additional information to "yes" response
Tuberculosis, asthma, bronchitis, or chest problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chest pain, heart condition, or raised blood pressure?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Blackouts, fits, or attacks of giddiness?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Depression, mental illness or nervous breakdown?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Rheumatism or arthritis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Back trouble?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Typhoid, paratyphoid or other gland trouble?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Digestive or bowel disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes, thyroid, or other gland trouble?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bladder or kidney trouble?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dermatitis or skin trouble?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Varicose veins?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any other accident, operation or illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you any reason to believe that you may be infected with any communicable disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you intend to work night duties on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you smoke?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
How many units of alcohol do you drink per week?		[One unit= 1/4 pint beer = 1 glass wine = 1 single whisky]

## GENERAL COMMENTS

Please list here your specific reasons for this application, your main achievements to date, and the strengths that you would bring to this post. Please also state any other relevant work experience, or qualifications, in support of your registration with Home Counties Care. Thank you .

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## CAUTIONS AND CRIMINAL RECORDS

In compliance with UK regulations, you would be required to submit to a Disclosure and Barring Service check. Any standard or enhanced disclosure made by the DBS / SCRO will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?

YES       NO (Tick as required). If yes, please provide details

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## SPECIAL REQUIREMENTS ( CARE SECTOR )

Because this position involves the care of vulnerable adults, employment is dependent on the following:

1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Disclosure and Barring Service or an approved umbrella copy.
2. Such disclosure being acceptable to the company.
3. Proof of identity -birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will provide a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

## DECLARATION

I certify that my answers are true and complete to the best of my knowledge, and that any untrue or misleading information will give my employer the right to terminate any employment contract. Should we require further information and wish to contact your GP with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission thereto. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment, and for up to Six years thereafter; and understand the information will be processed in accordance with the Data Protection Act.

I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service /Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

For regulatory or ethical reasons, your information may need to be shared with other third parties.

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

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