

## **APPLICATION FORM**

Where did you see this?

Post advertised?

## **PRIVATE & CONFIDENTIAL**

Position Applied For:

PERSONAL DETAILS: (Block Letters Please)				
Surname:	First Names:			
Address:	Email:	Mobile No:		
Post Code:	Tel No: (Work)			
Do you hold a full driving licence?	Date of Birth:	National Insurance No:		
Car Available:				

## **EMPLOYMENT HISTORY: (Most recent job first)**

Dates From:	Employed To:	Name/Address of Employer	Job Title: Duties & Responsibilities	Salary

## 2. EDUCATION & QUALIFICATIONS (Please use extra sheet if necessary)

From:	То:	Name & Address of	Details of Qualifications/Courses
		Establishment	attended
OTHER IN	FORMATION		
Why do you	ı think your pro extra sheet if ı	evious experience, whether at v	vork or otherwise is relevant to this job?
(i icasc us	CALIA SIICCI II I	necessary).	
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KEASON F	OR LEAVING	LAST EMPLOYMENT	
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### 3. MEDICAL HISTORY

REFERENCES Give two referees (one must be your current or most recent employer) If you do not wish your referees to be contacted without your prior knowledge please tick here [ ]  1. Name Address:  Daytime telephone no: Email:  Occupation:  Address:  Daytime telephone no: Email:  AVAILABILITY  Available to start work:  Number of hours available:  Are you willing to work weekends?	Please give details of any disabil work, hospitalisation etc. Do you	ı have a disability you wisl		
If you do not wish your referees to be contacted without your prior knowledge please tick here [ ]  1. Name Address:  Daytime telephone no: Email:  Occupation:  Address:  Daytime telephone no: Email:  Address:  Daytime telephone no: Email:  AVAILABILITY  Available to start work:  Number of hours available:  Are you willing to work weekends?	registered disabled at a Job Cen	tre.		
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Available to start work:  Number of hours available: Are you willing to work weekends?  DECLARATION				
DECLARATION		Number of hours availab	le:	Are you willing to work
I declare that to the best of my knowledge, the information I have given on this form is true in ever respect.				
	1000000			
Signature: Date:	Signature:			Date:
Please return completed form to:				

Sylval Social Care Ltd. 268 Pettits Lane North, Romford RM1 4PJ

4. Sylval Social Care Ltd is committed to an Equal Opportunities policy. In order to ensure the effectiveness of this policy, all applicants are asked to provide the following information, which will be treated in the strictest confidence.

I would describe myself as :( please tick appropriate box)

(a) Female	[ ]
(b) Male	[ ]
(c) Black (African)	[ ]
(d) Black (Afro Caribbean)	[ ]
(e) Black (Asian)	[ ]
(f) White (British/European)	[ ]
(g) Cypriot (Greek)	[ ]
(h) Cypriot (Turkish)	[ ]
(i) Other (please specify)	[]

# **FOR OFFICE USE ONLY**

Application form sent:	Date:
Application form returned:	Date:
Invited to Interview:	Date:
Request References:	Date:
References received:	Date:
Rejection:	Date:
Offer made:	Date:
Start Date:	Date:
Induction pack:	Date:
Training:	Date:
Uniform/Tabard:	ID photo Y[] N[]

### **CONFIDENTIAL**

DISCLOSURE OF CRIMINAL BACKGROUND OF THOSE WITH ACCESS TO CHILDREN AND VULNERABLE CLIENTS

Due to the nature of your appointment as Care Assistant/Domestic Assistant you should appreciate that <u>Sylval Social Care Ltd</u> must enquire into the character and background of all staff. It is therefore essential that in making your application, you disclose whether you have any convictions, bind-over orders or cautions and if so, for what offences.

The fact that a conviction, bind-over order, or caution has been recorded against you will not necessarily exclude you from consideration for this appointment.

Have you any convictions, bind-over orders, cautions  YES NO	or pending prosecutions? (See notes)
If yes please give details	
I give my permission for a Police Check to be made	
Signed: Da	te:
Surname:	Post applied for:
Forename:	Sex: M/F
Previous/other names:	Date of Birth: / /
(Including maiden names):	Place of Birth:
	Height:
Current address in full:	
	Post Code:
If less than 5 years please give previous address	Post Code.
Previous address in full:	
1 Tovious duditoss in rain.	
	Post Code:
As from (date): / /	
I declare that the information I have given is correct.	Lunderstand that if Lam employed and any false
information will result in the termination of my contract	
	<u> </u>
	_
Signature:	Date:
Signed:	
Date:	

Date of next review: