



Application Form

Please ensure the application is completed in black pen and BLOCK CAPITALS

Personal information:

Title Mrs Miss Ms Mr Dr Other

Surname _____

Forename _____

Preferred name _____

Previous surname _____

Date this name was used _____ FROM _____ TO _____

Previous forenames _____

Date this name was used _____

Gender _____

Date of birth _____ DAY/MONTH/YEAR / /

Place of birth (town and country) _____

Nationality _____

National insurance number _____

Home Telephone number _____

Mobile Telephone number _____

Email Address _____

Mothers maiden name _____

Address history:

Current Address _____

POSTCODE: _____

Date moved in _____ DAY/MONTH/YEAR / /

(To apply for a DBS check, we need to have details of where you have lived over the last 5 years. If you have lived in more than 4 properties, please go to the back of document to fill out the rest.)

Previous Address 1:

POSTCODE:

Dates lived there:

FROM

TO

Previous Address 2:

POSTCODE:

Dates lived there:

FROM

TO

Previous Address 3:

POSTCODE:

Dates lived there

FROM

TO

Do you have a full UK driving licence?

Yes / No

Do you have your own transport?

Yes / No

Full employment history:

(Please include full employment history, if it exceeds this page, please refer to the back of the document to add in more employment history. Please explain all gaps in employment)

Current/Most recent employment

Position

Organisation

Address

POSTCODE:

Telephone number

Managers name

Employment Dates

FROM

TO

Reason for leaving

Previous Employment:

Position _____

Organisation _____

Address _____

POSTCODE: _____

Telephone number _____

Managers name _____

Employment Dates FROM TO _____

Reason for leaving _____

Previous Employment: _____

Position _____

Organisation _____

Address _____

POSTCODE: _____

Telephone number _____

Managers name _____

Employment Dates FROM TO _____

Reason for leaving _____

Education:

Study Facility: _____

Address: _____

Qualifications: _____

When did you study: FROM TO _____

Study Facility: _____

Address: _____

Qualifications: _____

When did you study: FROM TO _____

Relevant Training/Qualifications:

Study Facility: _____

Address: _____

Qualifications: _____

When did you study: FROM _____ TO _____

Study Facility: _____

Address: _____

Qualifications: _____

When did you study: FROM _____ TO _____

Further information:

GP Details: Name _____

Address: _____

POSTCODE: _____

Telephone number _____

Next of Kin: Name _____

Address: _____

POSTCODE: _____

Telephone Number _____

Relationship to you: _____

Do you have any criminal convictions (current/spent) or have you been subject to any conditional discharge, warnings or cautions?

If yes please provide further details:

Declaration:

I certify that the information I have provided is truthful and accurate, and I understand that giving false information in order to obtain employment will result in the termination of any contract of employment I have been offered.

Signed:**Date:**_____
DAY/MONTH/YEAR / /**References**

(Please supply at least 2 referee's details. This should preferably be 2 work references, but 1 work reference and 1 character reference may be acceptable. If you provide 1 work reference it must be your most current employment)

Work reference 1: Current/Most Recent Employment

Organisation: _____

Address: _____

POSTCODE: _____

Telephone number: _____

Referee's name and position: _____

Work reference 2:

Organisation: _____

Address: _____

POSTCODE: _____

Telephone number: _____

Referee's name and position: _____

Character/work reference 3:

Organisation: _____

Address: _____

POSTCODE: _____

Telephone number: _____

Referee's name and position: _____

Medical Questionnaire: (Tick appropriate box)

Do you, or have you ever suffered from:	YES	NO
Back pain/joint pain/pains in your knees		
Diabetes		
Epilepsy, fits, blackouts or fainting		
Hearing problems		
Visual problems		
Stress, anxiety or depression		
Stomach/Bowel problems		
Hay fever or Asthma		
Heart complaints		
Reoccurring headaches		
Raised blood pressure		
Any other medical issue (please state):		
If yes to any of the above, please supply full details below:		
In the past 2 years, how many days off work have you had due to sickness:	Days:	
Please give the reason for the days off:		

Information provided during this questionnaire will determine whether you are fit to carry out the role you have applied for. All information provided will be kept strictly confidential.

Availability:

Please can you state the days and the hours you are looking to work: Any offer of employment will be based on the availability you state here. Any changes to availability will need to be put in writing with 4 weeks' notice and is at the discretion of the manager.

See table below:

Days: (tick all that apply)

DAY	AM	LUNCH	PM	EVENING	Waking Night	Sleep Ins
Time	6.00 – 12	12 – 15.00	15.00 – 18.00	18.00 – 22.30		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Any comments:

We will need all employees to commit to working some weekends depending on our business needs. If you cannot consider doing this, please state below why?

General Data Protection Regulation

On the 25th May 2018, the new Data Protection Act 2018, which is based on the General Data Protection Regulations (GDPR) replaced the Data Protection Act 1998 in its entirety. It replaces the existing Data Protection Laws to make them fit for the digital age in which ever increasing personal data is being processed. The Act sets new standards for protecting personal data, gives people more control over the use of their data and assists in the preparation for a future outside of the EU.

As a candidate, the new Data Protection Act 2018, enables you to have more control and knowledge over how we will gather, use, handle, store and process personal data.

With this in mind, we need to ensure we have your full permission, to collate your data, use and store it.

Please read below and sign:

I, _____, hereby grant Novus Care Ltd consent to process my personal data for the purpose of my application for employment, and in the event of a successful job offer my continued employment with the company.

I also hereby authorise all corporations, companies, credit agencies, educational institutes, persons, law enforcement agencies, military services and former employers to release information they may have about me to Novus Care Limited in support of my application for employment.

Applicants Signature. _____

Date_ _____