

## **APPLICATION FORM**

## PLEASE ENSURE YOU FILL IN ALL SECTIONS

Post Applied for:	Please indicate which Pearlcare Recruitments Staff Nursing homes, Reand note location	nent Ltd branch	location office	Where did you hear about us ? (circle)
1. Personal Details a Surname:	and Information (to be o	completed in bloo	,	s / Ms (delete as appropriate)
Forenames:			NI No.	
Address:				
Postcode:			Email:	
Home Tel No (inc cod	e):		Mobile Tel No:	
2. Additional Informa	ation			
Do you possess a val the UK or EU? (pleas		Do you have us	se of a car for work?	(please circle) <b>Yes</b>
	right to work in the UK?	., ,		
If <b>'No'</b> , please note w	e are unable to recruit a	nyone who does	not have the legal riç	ght to work in the UK.
	e name of the employee			piease cii cie) 1 <b>es / No</b>

offered employm	other work commitme ent by Pearlcare Reci	ents, either paid oi ruitment? (please (	r unpaid, which you circle) <b>Yes</b> / <b>No</b>	would wish to cont (if yes, please adv	nue with if ise details at
interview)	<b>,</b>	(	,	( <b>,</b> , <b>,</b>	
L					

you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act g for a post involving access to persons in receipt of care services, your offer of ject to a satisfactory enhanced Disclosure and Barring check. It is therefore a
vious convictions are declared, even those which would otherwise be regarded as mation will be treated confidentially).
carefully and then answer the following questions:
nvicted of a criminal offence? (please circle) Yes / No
l any official cautions, reprimands or warning? (please circle) Yes / No
you currently the subject of any criminal proceedings or any police investigation?
Yes / No
es to any of these 3 questions please provide details below ( include driving offences):
, Qualifications and Current Learning
Qualifications/grades obtained:
Qualification/grades obtained:
professional qualifications or work related skills (including dates)
,

Any details	of membership	to professional bodies (plea	se provide details	including any office	s held)
			·	o ,	,
					_
5. Employ	ment History				
Current/m	ost recent emp	loyment			
Employer's	s Name:			Start date:	End date:
Address:					
Destanda				Tol No	
Postcode:				Tel. No	
Job Title:				Final pay / salary:	
Reason for	r leaving if applic	cable:			
Brief descr	ription of duties a	and responsibilities:			
Full Emple	oyment History	(most recent first with any	y gaps explained	) please continue o	f an additional sheet
if required					
	Dates To	Job Title	Employer's Na	me and Address	Reason for
From	То				Leaving

		·	
6. Releva	nt Experience		

requirements of	section to state he the role for which ontinuation sheet i	you are applying.	rience and traininç Please make refe	g would enable you to rence to the person sp	meet the pecification.
		ete this section if y	ou are applying	for a Care Worker/N	urse or a role in
Pearlcare Recr		A #	I Francisco	01	\\/_\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
10/ · · · · · ·	Mornings	Afternoons	Evenings	Sleep Over	Wakeful Nights
Weekdays					
Saturday					
<u> </u>					
Sunday <b>7b. AVAILABIL</b>	   ITY (Only comple	ete this section if v	ou are applying	for a Care homes, R	esidential home

**7b. AVAILABILITY (Only complete this section if you are applying for a Care homes, Residential homes, Nursing homes Services /nurse position.)** Please state your preferred work pattern (e.g. two weeks on / two weeks off or four weeks/ one week off etc. (If you are flexible then state this.)

Geographical area /specific areas you are interested location, the easier it may be to place you e.g. in Nursing	I in working? Please note the more flexible you are with g homes or care homes
Type of work you are interested in (delete as appropany	oriate) Care Home / Nursing Home / Residential home /
Ideal number of hours you would like to work per we	eek:
8. References	
	th of these then please provide a further reference.  il an offer of employment has been accepted. If you do not
Personal referees such as relatives, friends, neighbo	ours etc ARE NOT acceptable as referees
1. CURRENT OR LAST EMPLOYER	2. PREVIOUS EMPLOYER
Company Name:	Company Name:
Referee's name and position:	Referee's name and position:
Address:	Address:
Postcode:	Postcode:
Tel no:	Tel no:
Fax no:	Fax no:
Email address:	Email address:
Relationship to you (e.g. manager / supervisor)	Relationship to you (e.g. manager / supervisor)
Reason for leaving:	Reason for leaving:
Can referee be contacted prior to interview YES/NO	Can referee be contacted prior to interview YES/NO

). Applicant Declaration	n (Please read carefully	before signing	the application)
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- 1) The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation on this form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This equally applies to any medical questionnaires I may complete.
- 2) I confirm that I have not been subject to any cautions or convictions (other than those given above), investigation, disciplinary action, or enquiry into adult/child protection matters or inappropriate behaviour, and that the information I have given in the Criminal Record declaration section is to the best of my knowledge correct.

Name (please print):	Signed:	Date
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## What happens now:

- If you have downloaded this application form please email to info@pearlcarerecruitment.co.uk
- You can return this application form to any of our branches a full list of addresses can be found at www.pearlcarerecruitment.co.uk
- If you have not received any correspondence within 14 days then please assume on this occasion you have been unsuccessful or your details are more reviewed, and your application form will be kept on file for 6 months.