



Application Form Carers

STRICTLY CONFIDENTIAL Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application

1 PERSONAL DETAILS

Surname	First r	names	
Address	Previo	ous Names	
	Home No.	Telephone	
National Insurance No.	Mobile	e No.	
Immigration Details	E-mai	il	
Please notify us of any dates you are available for interview:		,	
Are you a citizen of the EU?	Yes	No	
Do you need a work permit?	Yes	No	
Current driving licence?	Yes	No	
Do you have a car for work use?	Yes	No	

2 NEXT OF KIN

Surname		First names	
Address	Address	Relationship	
		Telephone	

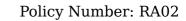
3a PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

Guras Home Care, 31, Nash Close, Farnborough, Hampshire, United Kingdom, GU14 0HL, Phone: 0123456789

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Date		Employer's name Position held (most recent first)		Salary & Reason	
From	То	(most recent first)		Benefits	leaving

3b PREVIOUS EDUCATION

(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Examinations taken	Result

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MANDATORY TRAINING

Please tick if you have completed the following training within the last 12 months

Please enclose copies of your training certificates

Moving and Handling	Basic Life Support	Intermediate Life Support	Advanced Life Support
Complaints Handling	Handling Violence and Aggression	Fire Safety	COSHH
RIDDOR	Caldicott Protocols	Data Protection	Infection Control
Lone Worker Training	Equality & Inclusion	Food Hygiene (where required to handle food)	Personal Safety (Mental Health & Learning Dis')
Resuscitation of the Newborn (Midwifery)	Interpretation of Cardiotocograph Traces (Midwifery)	Practical	

4 REHABILITATION OF OFFENDERS ACT 1974 - NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?



Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

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Signature:	Date:	

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer

Your DBS status

Please send a copy of your most recent DBS Disclosure (formally known as CRB)

Current DBS Disclosure (formally known as CRB)	Yes	No	Yes	No	
Issue Date			Disclo Num		
Is this certificate registered with the update service	Yes	No			

All applicants who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Guras Home Care will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be

5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activitie	es and other personal information which you think may assist us in evaluating your application.

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6 REFERENCES

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	Name	s	Status	Address and Telephone No	
1					
2					
3					
part a	organisation seeks to work in a flexible and family-friend parcel of a quality care service. Weekend workin termined at interview.				
Pleas	e indicate holiday dates if already booked				
Perio	d of notice required in the present post			-	
Earlie	st start date				
Thank	you for completing this application form.				
l decla truthfu	are that to the best of my knowledge, all of the inforr	nation conta	ined and docur	nented herein is complete and	
5	Signature:		Date:		
Equa	Equal Opportunities Monitoring				

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:	
Gender	Male

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	Female
	I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a tick

Asian or Asian British	Mixed Raced	Other Ethnic Group
Bangladeshi	White & Asian	Chinese
Indian	White & Black African	Any other ethnic group
Pakistani	White & Black Caribbean	I do not want to disclose this
Any other Asian background	Any other missed background	
Black or Black British	White	
African	British	
Caribbean	Irish	
Any other Black background	Any other White background	

Employment Equality Regulations 2003

I Please select the option which best Please indicate your religion or belief describes your sexuality.

Lesbian	At	heism	Sikhism
Gay	Ві	uddhism	Judaism
Bisexual	CI	nristianity	Hinduism
Heterosexual	Is	lam	Other
I do not wish to this	disclose Ja	inism	I do not wish to disclose this

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:		Date:	
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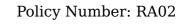
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Applicant shortlisted	Yes	No

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Interview Date:		
References requested:		
Verbal reference check	Yes	No
Date:		

Additional Notes from application

Applicant shortlisted	Yes	No
Full employment history?	Yes	No

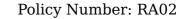
Notes for interview

Your Registration Checklist
To complete your registration you will be required to provide the following documentation

Completed Registration Form – signed in all requested areas
CV – E-mailed in word format – Your CV must cover full work history from education
Your Right to Work in the UK as well as your passport and forms of I.D - We require to see the originals of these documents. (Posted originals will be returned the same day received by recorded delivery).
Birth Certificate and Driving License
HPC or NMC Entry Certificate and up to date renewal card

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Copy of your most recent DBS – less than 1-year-old
Training Qualifications – Diploma/Degree/NVQ – Any other training Certificates
Mandatory Training Certificates > 1 Year
 Manual Handling Basic Life Support, Paediatrics need Paeds Life support and Midwives New Born Life Support Data Protection, Complaints Handling, COSHH, Fire, Infection Control, Lone worker, Riddor, Violence and Aggression, Health & Safety, 'Quality, Diversion & Inclusion', Safe Guarding Children & Young People Level 2 minimum (if you need to update these please let us know and we will arrange this for you) Mental Health Nurses will need Restraint Training
2x Passport Size Photos
Proof of National Insurance Number
2x Reference forms Please ask 2 senior members of staff to complete the reference forms and return them to us. This is to speed up your application. If we apply for them ourselves we often struggle to get them returned and it delays the process. We are happy to apply for them if it is not possible for you to get them. Please ensure they include verification. We will contact the referee to verify once they have been received. All references will be verified by a member of the compliance team, via phone or e-mail
If you do not want to be paid as an employee and instead you want us to be paid as a limited company, please ensure you send us:
 Certificate of Incorporation Evidence of limited bank details and company name ie bank statement or blank cheque VAT Certificate Signed Self Billing Form (enclosed)

I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all

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references.

Signature:	Date:	
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