



Please return your application to:
4 Nelson road, Southend Central,
Essex, SS1 1EF
www.naidcare.co.uk
info@naidcare.co.uk
Tel:01702213074

EMPLOYMENT APPLICATION FORM

Please complete this form accurately, giving as many details as possible of your skills and experience relating to this job application. Shortlisting will be based on the information gathered from the form, read in conjunction with the person specification

Please ensure the finished form is printed out, signed, dated and returned by the closing date to the address at the back of the application form. We are unable to accept forms returned as email attachments without a signature.

Please either type directly in this form using Microsoft Words or print and complete the form in black in and **BLOCK CAPITALS**

Section 1 - Position Applied for:

Job Title:	<input type="text"/>	Job Ref:	<input type="text"/>
Location:	<input type="text"/>		
Where did you see this post advertised:	<input type="text"/>		

Section 2 - Applicant's Details:

Title:	<input type="text"/>	Name:	<input type="text"/>
Surname:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	NI Number:	<input type="text"/>
	<input type="text"/>	Mobile No:	<input type="text"/>
	<input type="text"/>	Work:	<input type="text"/>
Postcode:	<input type="text"/>	Home:	<input type="text"/>
Email:	<input type="text"/>		

Do you hold a valid driving license? Yes No

Is there anything concerning your medical history or state of health that is relevant to your application? Yes No
If yes, please complete Section 3 - Health Questionnaire

Are you legally eligible for employment in the UK? Yes No

Please submit with this application a good quality copy of your:

- Your Passport
- Your Visa
- Your National Insurance Number

How much notice do you need to give to your current employer?

Are you registered as disabled? Yes No

If yes, Please provide details of your disability

Section 3 - Health Questionnaire:

Please answer the following questions regarding your mental and physical health

How many days absence from work due to sickness have you had in the past year?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you ever suffered from; allergies, eczema, dermatitis or other skin problem?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you suffer from; epilepsy, migraine, asthma, angina, heart trouble, or condition requiring long term medical support, or a strict medication timetable?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you suffered from mental illness including anxiety, depression or nervous debility?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you ever required treatment for hernia or rupture, rheumatism, back problems, slipped disc, sciatica, or repetitive strain injury?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you suffer from diabetes, ulcers, stomach or other intestinal problems?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered 'YES' to any of the above health questions, please provide additional details about your condition

Section 4 - Employment Record

Please start with your most recent employment. Briefly describe the main duties and responsibility of your post. If you wish to expand on specific areas of responsibility, please do so in Section

MOST RECENT EMPLOYER

Name:

From:

Address:

To:

Job Title:

Salary:

Reason for leaving / changing:

Please give a brief description of your main duties

PREVIOUS EMPLOYERS

Name & Address of Employer	From	To	Job Title / Salary	Reason for Leaving

Section 8 - References

Please give name, address and position / occupation of two referees. One must be your present or most recent employer. Reference will only be taken up for the successful candidates. Testimonials or references from friends and relatives are NOT accepted.

Referee 1

Name:	<input type="text"/>	Tel:	<input type="text"/>
Position:	<input type="text"/>	Fax:	<input type="text"/>
Organisation:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Post Code:	<input type="text"/>		

Referee 2

Name:	<input type="text"/>	Tel:	<input type="text"/>
Position:	<input type="text"/>	Fax:	<input type="text"/>
Organisation:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/>		

Section 9 – Criminal Convictions

Do you have any criminal convictions?

Yes

No

If Yes, please give details of any conviction, this should exclude any spent convictions under Section (42) of the Rehabilitation of Offenders Act 1974

Section 10 – Declaration

I confirm that all information given on this application form is accurate and correct to the best of my knowledge. I understand that if any information given is subsequently found to be untrue or incomplete then I may be subject to disciplinary action and/or could be dismissed from employment. I hereby confirm that I know of no reason to either my physical or mental health, why I would be able to undertake duties as detailed in the job description for the above post applied for. I understand the information given herein will be treated confidentially and used solely for the purpose of considering your application for employment

Signature:

Date:

Office Use Only

Date Received	Date Interviewed	Successful Yes/No	Application Successful letter sent on:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICATION CHECKLIST



Title: Name:
 Surname: Date of Birth:

In order to ensure that we can register and clear you as quick as possible please ensure use the following checklist to ensure you has all the documents required.

- Completed DBS application for UK
- Cheque / postal order for £55.00 payable to "NaidCare Limited"
- Write the CRB payment ref number on the top right hand corner of your cheque
- The necessary documents to confirm your identity.
- Completed Naidcare Application Form
- Evidence of your right to work in the UK
- Original / certified registration certificate, professional qualification, membership of professional bodies
- Latest CV
- Signed DBS Information Form
- Original Copy of all mandatory training

Candidate qualification Achieved:
 Candidate working towards HSC Level :

Please note:
 You are required to verify all original documents as outlined above.
 We will scan original documents that you bring.
 If you bring copies, we are required a copy of each and every page, i.e. passport and travel document, a copy should be taken of the document front cover and any pages containing the holder's personal details. In particular, you should copy page that provides details of nationality, your photograph, date of signature, date of expiry or biometric details

For office Use

Name of Naidcare Staff
 Signature of Naidcare Staff
 Date application checklist completed :

Candidate Passport Picture: