

Job Application Form



Heath Lodge Care Services Limited
Suite 1 The Monument
45-47 Monument Hill
Weybridge
Surrey KT13 8RN

Application Form

Telephone: (01932) 851151

Fax: (01932) 850023

Email: info@heathlodgcare.com

PLEASE PRINT THIS FORM FIRST, COMPLETE BY HAND, THEN POST IT TO US

PERSONAL DETAILS

YOURSELF

SURNAME	<input type="text"/>	MAIDEN NAME	<input type="text"/>
FIRST NAME	<input type="text"/>	ETHNIC ORIGIN	<input type="text"/>
MARITAL STATUS	<input type="text"/>	ADDITIONAL LANGUAGES	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	AGE	<input type="text"/>
FIRST LANGUAGE	<input type="text"/>	NATIONALITY	<input type="text"/>
ADDRESS	<input type="text"/>		TELEPHONE NUMBERS
		LANDLINE	<input type="text"/>
		MOBILE	<input type="text"/>
POSTCODE	<input type="text"/>		

NEXT OF KIN

NAME	<input type="text"/>	TELEPHONE NUMBER	
ADDRESS	<input type="text"/>		LANDLINE
			<input type="text"/>
		MOBILE	<input type="text"/>
POSTCODE	<input type="text"/>		
NATIONAL INSURANCE NUMBER	<input type="text"/>		

How did you learn about us?

Job Application Form

More Details

Do you Smoke? Are you physically & mentally in good health?

How many times have you been ill in the last two years?
Give Reasons

Will your health prevent you you from doing certain types of work?
Give Reasons

Do you hold a current driving licence?
Do you own your own vehicle at present?

Are you entitled to legally work in the UK?
Do you require a work permit?

Working

Have you previously worked for a Home Care Company? (Put "Y" or "N")
If yes, Give details

Have you previously worked in a Residential Home or Hospital Environment? (Put "Y" or "N")
If yes, Give details

Do you hold any qualifications in care or related environments? (Put "Y" or "N")
If yes, Give details

Do you hold any professional indemnity insurance? (Put "Y" or "N")
If yes, Give details

Working Periods

Which preference would you like to select?
Full time Part time Hours Req.

Please advise below which Days or Times you would be available for Work?
On Days Times

Would you be willing to work outside of these given times?

Would you be willing to work at short notice?

On Nights Times

Would you be willing to work outside of these given times?

Would you be willing to work at short notice?

Educational Qualifications

Please give details of Educational Qualifications

[Empty text box for Educational Qualifications]

Please give reasons and why want to and why you think you are suited to Care Work

[Empty text box for reasons and suitability]

Briefly outline your experiences , if any, related to the post you are applying for

[Empty text box for related experiences]

Are you currently employed? If so, please give details

[Empty text box for current employment details]

Please give details of two references, none of which should be a current employer

[Empty text box for Reference 1 details]

Reference 1

[Empty text box for Reference 2 details]

Reference 2

Job Application Form

Previous Employment

Please Start with the latest employment period

From	To	Name & Address	Duties	Reason for Leaving

From	To	Name & Address	Duties	Reason for Leaving

From	To	Name & Address	Duties	Reason for Leaving

From	To	Name & Address	Duties	Reason for Leaving

From	To	Name & Address	Duties	Reason for Leaving

Please explain any "Work Breaks" or "Gaps" during the last Five Years

CRIMINAL CONVICTION DECLARATION

NOTE: Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act, 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) order, 1975.

Applicants are, therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Company.

Any information may be made available to the Commission for Social Care Inspection for the purposes of their regulatory duties

Do you have any criminal convictions? (Put "Y" or "N")

Have you been subject to any conditional discharges, bindovers or cautions? (Put "Y" or "N")

If 'yes' to any of the two questions, please give details:

I, the undersigned, do hereby declare that the particulars entered by me are, to the best of my knowledge and belief, a true and complete record.

Signed:

Dated

WHEN COMPLETE, THIS FORM WITH ALL PAGES SHOULD BE SENT TO:

**HEATH LODGE CARE SERVICES LIMITED
Suites 1 & 2, The Monument
45-47 Monument Hill
Weybridge
Surrey KT13 8RN**