

CARE 24-7 Ltd 11 Parkview Court, St Pauls Rd, Shipley, BD18 3DZ Tel: 01274 597711 Fax: 01274 597722

APPLICATION FOR EMPLOYMENT

(Confidential)

Full name and address (Please	print in BLOC	K CAPITA	ALS)					
Mr/Mrs/Miss/Ms or Other								
Address								
Post Code								
Tel:	Fax:					Email:.	 	
Male								
Female								
National Insurance number								
Do you have a current driving lic	ence?	Yes	5					
		No)					
References: It is our policy to take up reference must be your present or most recommendation.								
Give your former name if different above.	from	Former N	lame				 	••••
	_							
Name of Referee and Status		Addres	ss for	Contact	t		y we appro ore intervi	
1.							Yes	
	Fax: Email:						No	
2.							Yes	
	Fax: Email						No	

Education and qualification details	Grades obtained	Where obtained	Date from	Date to	
Training course details	Grades obtained	Where obtained	Date from	Date to	
Do you have any language skills other					
Speak Write	k Write —		[
Do you use Sign Language?	Ind	icate BSL Leve	l '		
Are there any medical conditions that we make it difficult for you to carry out ma				ent you or	
Yes	No 🗌				
If you answered Yes, please give details:					

Current	(most recent)	Employ	er's Nam	e and <i>i</i>	Address			
Name								
Address	Address							
Telephon	e number							
Position H								
Date	from			to	0		Hours worked	
Reason fo	 or wishing to leav	/P						
rtodoonii	or worming to load							
Brief deta	ils of duties							
Previou and add	s Employers N	Name	Position he	eld	Date from	Date to	Reason for le	eaving
and add	11633							
	use this spac							s to
	e a Care Assi es. (use additi				ary, nome ba	aseu work ar	iu ieisuie	

			Times avai	lable to work		
Days available	7 - 8	8 - 1			6 - 10	10 - 7
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
Please use this space if	you wish to com	nment abo	out your av	ailability		
Will you be using a car f	for work?		Yes		No	

Number of hours willing to work per week

EQUAL OPPORTUNITY

Care 24-7 Ltd operates an Equal Opportunities Policy. The Company is committed to the promotion of equal opportunities in all aspects of recruitment and employment. To ensure that this policy is effective, we ask all applicants to provide information as requested below. This information is only used for monitoring purposes and will not be used to discriminate in favour or against any applicant. All information will remain confidential.

Date of Birth		Age				
The Disability Discrimination Act (1995) defines a person as having a disability if						
he/she has a physical or mental impairment which has a substantial and long term						
adverse effect on	his/her ability	to carry out normal	day to day	activities.		
					YES	NO
Do you consider y	ourself to hav	e a disability?				
Would you like us	to make any	arrangements if you	ı are intervi	ewed?		

I would describe myself as (please tick)

White:	Mixed:	Asian or Black British:
English	White & Black Caribbean	Indian
Scottish	White and Black African	Pakistani
Welsh	White & Asian	Bangladeshi
Irish	Any other mixed	Kashmiri
Any other white		Any other Asian
Black or Black British:	Other Ethnic Groups:	These categories have been
Caribbean	Chinese	recommended by the
African	Any other ethnic group	Commission for Racial
Any other Black	,	Equality.

DATA AND BARRING SERVICE

Care 24-7 uses the Date and Barring Service (DBS) to assess applicants' suitability for positions of trust. Care 24-7 Ltd complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed.

We encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under a separate, confidential cover, to a designated person within Care 24-7 Ltd and we guarantee that this information is only seen by those who need to see it as part of the recruitment process.

I confirm that to the best of my knowledge the information provided on this form	ı is
correct and gives true representation of me.	

Signed	Date	
o.gog	24.0	