



Employment Application For Carer, Nurse or Nanny

Ref. No. _____

Applicant Information

Personal Details

Date: _____

Title: _____ Surname: _____ First Name: _____

Marital Status _____ Maiden Name: _____ Nationality: _____

Date of Birth: _____ Place of Birth: _____

Address: _____ Post Code: _____

Home Telephone No. : (_____) _____ Mobile No: (_____) _____

Email Address: _____

Next of Kin Details

Full Name: _____ Relationship: _____

Telephone No.: (_____) _____ Mobile No.: (_____) _____

Doctor Details

Full Name: _____ Telephone No.: (_____) _____

Surgery Name: _____ Address: _____

Post Code: _____

Please answer the following questions carefully:

Have you undergone any hospital operations or investigations within the last 3 years? Yes No

If yes, please give details: _____

Are you currently receiving drugs or medical treatment prescribed by your doctor?

Have you any history of back pain or injury? _____

Other Details

Have you ever been convicted of a Criminal Offence? Yes No

If 'Yes', provide details _____

Are there any prosecutions pending? _____

Full UK Driving Licence: Yes No _____ Have you Transport: Yes No

National Insurance No: _____ Passport No: _____

Have you a CRB Disclosure? Yes No
(We are registered to make your application)

Please sign below if you give your authorisation for a CRB check to be carried out.

_____ Date: _____



EDUCATION AND TRAINING

EDUCATION:

Schools, Universities etc. attended

Additional Qualifications being sought:



QUALIFICATIONS: (PLEASE BRING WITH YOU COPIES OF YOUR QUALIFICATIONS)

Qualification	Date Taken	Grade

Membership of professional bodies:

TRAINING and DEVELOPMENT:

Courses Attended

Type of Course	Date Taken	Grade



EMPLOYMENT RECORD (commencing with the most recent position)

Are there any gaps in your Employment History? (If so, please state reason for breaks)

Company Name & Address	Job Title	Month / Year		Reason for Leaving
		From	To	

SUPPORTING INFORMATION Please use this section for any additional information relevant to your application



HEALTH QUESTIONNAIRE

Please tick "Yes" or "No" to the following questions:

1. Are you at present under any medical care or receiving treatment? Yes No

2. Have you consulted your doctor, or any other doctor or specialist (including psychiatrist) during the past 12 months, or are you expected to do so?
Yes / No _____
3. Have you ever had any of the following (if yes, please give details):
 - (a) Back trouble: Joint or Muscle disorder? Yes No

 - (b) Asthma, Chest problems, High Blood Pressure or any form of Heart Trouble? Yes No

4. Have you ever had chicken pox? Yes No _____
5. Are your vaccinations up to date? Yes No _____

Please give details of any other medical conditions you feel are relevant

Note: Minimum age;

Legislation dictates that care workers in general must be 18 years old or older, and Carers working with people with learning disabilities must be 21 or older. Please inform your interviewer immediately if you do not meet these specifications.



EQUAL OPPORTUNITIES

Grapevine Care Agency is Equal Opportunities Agency. It is important that you are treated fairly and equitably regardless of sex, marital status, disability or race (ethnic origin).

In order to monitor the effectiveness and success of Members of **Grapevine Care Agency**, it is important that you complete the questionnaire below. The details are confidential and will not be in any way to you detriment.

Ethnic Origin

I would describe my ethnic origin as:

White

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other White background (Please state)

Asian or Asian British

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background (Please state)

Mixed

<input type="checkbox"/>	White/Black Caribbean
<input type="checkbox"/>	White/Black African
<input type="checkbox"/>	White/ African
<input type="checkbox"/>	Any other Asian background (Please state)

Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Asian background (Please state)

Chinese or other Ethnic Group

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other (Please state)



Type of work preferred, please circle: Hospital / Nursing Home / Private / Nanny / Nurse

	Available to work (tick days)	Hours preferred
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

PERSONAL REFERENCES

Please give details of two people (not relatives) we could approach for references, after obtaining their permission. (only Senior staff members / Manager etc.) At least one should be your present or most recent Employer.

References:

1. Name _____ Occupation _____
 Address _____
 _____ Post Code _____
 Telephone _(_____) _____ Mobile No.: _(_____) _____
 Email Address _____

2. Name _____ Occupation _____
 Address _____
 _____ Post Code _____
 Telephone _(_____) _____ Mobile No.: _(_____) _____
 Email Address _____

I agree to you applying for personal references. To the best of my knowledge all the particulars I have given are true.

Signature _____



FOR OFFICE USE ONLY

Ref 1: Date sent _____ via Letter or Email Date received _____ via Letter or Email

Ref 2: Date sent _____ via Letter or Email Date received _____ via Letter or Email

Application Form Date of scan _____ P45 P46 Date received _____

Interview Documents

References Date of scan _____ Driving Licence Date of scan _____

Utility Bill Date of scan _____ Proof of Address Date of scan _____

Moving and Handling Training Complete Date of scan _____ NVQ Training Record Date of scan _____

3 Months Review Date of scan _____ Yearly Appraisal Date of scan _____

CRB Check Complete Date _____ Rejection Letter Date _____