



The Link Nursing & Care Agency Ltd. Pondwick House, Lutterworth Close, Bracknell, Berks RG42 2NW
Tel: 01344 488 155 Fax: 01344 303 669 email@linknursing.com

Application Form Care Assistant/Support Worker

Please complete in CAPITAL LETTERS

Personal Details

Surname.....First Name.....Mr/Mrs/Miss/Ms

Marital Status.....Maiden Name.....

Nationality.....Country of Birth.....

Address.....

.....Postcode.....

Phone No.Mobile No.Other

National Insurance No...../...../...../...../.....

Current UK Driving Licence ? Yes / No Car Owner ? Yes / No Public Transport ? Yes / No

Please complete this section if you are not a British Citizen

Do you have a UK Residence Permit ? Yes / No Do you have a work permit ? Yes / No

Are there any UK immigration control restrictions limiting your length of stay, conditions of stay or freedom to work in the UK ? Yes / No

If Yes please explain.....

Work Preference

What types of work do you prefer ? Learning Disability Nursing Homes Residential Homes Hospitals
Underline as applicable

Mental Health

What hours are you looking for ? Part-time Full-time AM PM Weekends Sleepovers
Nights*

Date available to start ?

Will The Link Nursing & Care Agency be your ONLY / MAIN / SECOND* employment ? (*Delete as applica-

References (Must be professional references) Not family, friend or work colleague

Name..... Name.....

Position of Referee Position Referee

Establishment..... Establishment.....

Address..... Address.....

Postcode..... Postcode.....

Phone No..... Fax No..... Phone No. Fax No.....

May we approach prior to interview Yes / No May we approach prior to interview Yes / No

EMPLOYMENT DETAILS
PRESENT OR MOST RECENT EMPLOYMENT

Name of Employer
 Address
 Tel. No.....
 Present post Date appointed
 Notice required Reason for leaving

Brief description of duties and responsibilities

PREVIOUS EMPLOYMENT

(Please give full history of employment, complete each column and explain any breaks in employment. Start with your most recent previous employment and list in date order, going back to school leaving date. If necessary please continue on a separate sheet).

Are you registered with or a member of a professional body? Yes? No
 If yes please give detail:

Dates (DD / MM / YYYY)			Reason for Leaving
From	To	Position held:	
		Brief summary of duties and responsibilities:	
Name & address of employer			
From	To	Position held:	
		Brief summary of duties and responsibilities:	
Name & address of employer			
From	To	Position held:	
		Brief summary of duties and responsibilities:	
Name & address of employer			

Additional Sheet for Employment History

Dates (DD/ MM/YYYY)			Reason for Leaving
From	To	Position held:	
		Brief summary of duties and responsibilities:	
Name & address of employer			
From	To	Position held:	
		Brief summary of duties and responsibilities:	
Name & address of employer			
From	To	Position held:	
		Brief summary of duties and responsibilities:	
Name & address of employer			
From	To	Position held:	
		Brief summary of duties and responsibilities:	
Name & address of employer			

Present Health

Sickness absence have you had in the past two years? Days
Do you have a health problem which is relevant to your application Yes/No
If yes, please give brief detail

Do you or have you ever suffered from any mental health problems? Yes/No
If yes, please give brief detail

Do you have or have you ever suffered from the following?

(Delete as applicable)

Back Problems Yes / No Diabetes Yes / No Epilepsy Yes / No Mental Disorders Yes / No

Dysmenorrhoea Yes / No MRSA Yes / No Migraine Yes / No HIV+ Yes / No

Have you had vaccination against:	Yes	No	Date
Rubella			
Tuberculosis BCG			
Hepatitis B			
Typhoid			
Polio			
Tetanus			

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.4 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should include any "spent" convictions.

Have you ever been convicted of a criminal offence, cautioned, served a sentence or had a suspended sentence, however minor, however long ago?

Yes / No

If yes, please explain.....

Declaration

I declare that I have answered the above questions fully and honestly and I know of no reason why I may not be suitable for the duties introduced to me via The Link Nursing & Care Agency Ltd. I realise that any false or incomplete statement of my part will render me liable to disciplinary action or dismissal. I also understand that my details will be held in a staff database, for administration purposes only.

Signature: Date:.....

Please make sure all the sections of the application form are completed. Complete this form in full as a CV alone is not acceptable. We aim to advise non short listed applicants within a reasonable period after the closing date. If you have not been contact within 3 weeks of the closing date, please assume you have been unsuccessful.