



**Application Form
Health Care Assistant**

White Bird Care & Nursing Agency
199a Bailie Court
North Lane
Aldershot
Hampshire
GU12 4SY
Tel: 01276 685415 / 07456 093155

1. PERSONAL DETAILS		
Last Name:		First Names:
Mr/ Mrs/ Miss/Ms:		Maiden Name:
Present Address:		
Post Code:		
Home Tel:		Mobile Tel:
National Insurance No:		
Date of Birth:	Place of Birth:	Nationality:
Next Of Kin Name & Address:		
Tel:		
Passport No(if Applicable):		
Home Tel:		Mobile Tel:

2. PREFERRED WORK				
Please Circle:	Full-Time	Part-Time	Day Duty	Night Duty
Do you hold a current UK drivers licence?			Do you have a car available for use?	
Yes	No		Yes	No

3. REFERENCES	
Please give the names of two referees from your last two places of work	
Name:	Name:
Position:	Position:
Address:	Address:
Post Code:	Post Code:
Telephone No:	Telephone No:
Fax No:	Fax No:
Email:	Email:

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www.whitebird-care-nursing.co.uk

4. WORK HISTORY

Dates		Employer	Address	Position
From	To			

Use a separate sheet of paper if necessary or write a CV if appropriate. Please explain any breaks in employment.

5. EDUCATION

Schools, Colleges, University	Dates		Qualifications gained including grades
	From	To	

6. NURSE TRAINING

Dates		Qualification	Training school	PIN Number	Expire date
From	To				

7. ADDITIONAL INFORMATION

Are you eligible to work in UK? (Please circle)	Yes	No
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The position for which you are applying is exempted under the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986, which means that all convictions (whether spent or unspent), cautions, reprimands and final warnings on your criminal record must be disclosed. A conviction will not necessarily prevent your application from proceeding.

Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the police? Yes No
If yes, please give details of offences, penalties and dates:

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this position?
Yes No
If yes, please give details:

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our services and to find out your needs in order to perform the job or position sought.
Do you have any health issues or a disability which may make it difficult for you to carry out functions which are essential for the role you seek?
Yes No
If yes, please give details:

If you have a disability, what are your needs in terms of reasonable adjustments in order to access our services and to attend interview, or to take aptitude test etc?
Please specify:

8. DECLARATION

I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made. Because of the sensitive nature of the duties the post holder will be expected to perform, I understand that I will have to undertake a CRB Enhanced Disclosure and ISA Adult First check at a cost of £67.00. In order to comply with the Conduct of Employment Agencies and Employment Business Regulations 2003, I consent to personal data being shared with clients and other public bodies where required by law. If a client wishes to employ me direct, I acknowledge that WHITE BIRD CARE & NURSING AGENCY will be entitled either to charge the client an introduction/transfer fee, or agree to an extended period of supply.

Signature:

Date: