

Personal Information			
Title (Mr, Mrs, Miss, Dr etc):			
Surname:		Forenames:	
D.O.B:		NI Number:	
Nationality:		Do you drive:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Licence Type:		Full UK: <input type="checkbox"/>	UK Provisional: <input type="checkbox"/>
Current Address:			
Postcode:		Email:	
Mobile Phone Number:		Home Phone Number:	

Emergency Contact	
Next of Kin Name:	
Relationship:	Contact Number:
Current Address:	

Right to Work			
Do you have permission to work in the UK?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
EU Citizen:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Indefinite Leave to Remain:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Limited Leave To Remain: (Please state visa expiry and visa type)			
Other (Please specify)			

Application Information			
Position Applied For:			
Vacancy Reference:		Date Available:	
Preferred Location(s):			
Availability:	Fulltime: <input type="checkbox"/>	Part-time: <input type="checkbox"/>	Weekends: <input type="checkbox"/>

Professional Body	
Professional Registration Body:	
Registration Number:	
<p>Are you or have you ever been subject to any hearings, warnings, investigations or complaints either by an employer or professional body? If yes please provide details below including any dates:</p>	

Disclosure and Barring Service		
<p>Please note that you will be required to undertake an Enhanced DBS Check in order to be employed by us. You will not be exempt from the rehabilitation of Offenders Act 2010 because you are a health care worker. You will be required to disclose all cautions, convictions, reprimands and any warnings on your criminal record.</p>		
Have you ever been convicted by any court of law, cautioned, reprimanded or given a warning by the police in the UK or any other country?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you aware of any police investigation or enquiry undertaken following any allegations made against you, which may affect your suitability for this role:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you aware of any pending investigations by the police in which you are involved:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<p>Please give full details if you have answered Yes to any of the questions above:</p>		

Education			
Please list any qualifications obtained from high school.			
Name of School	Date Obtained (MM/YEAR)	Level	Qualification/Grades

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Education – Colleges and Universities

Please list any qualifications obtained from colleges and universities.

College or University	Qualification/Grades	Date Obtained (MM/YEAR)

Professional Qualifications

Qualification Name	Awarding Body	Course Details	Date Awarded

Training and Development

Please give details of any training and development courses including on the job training and other formal courses.

Course Name	Awarding Body	Course Details	Date Awarded

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Current Employment

Name of Employer:			
Address:			
		Telephone:	
Postcode:			
Position Title:			
Start Date:			
Reason for leaving:			
Salary:			
Brief Description of Duties:			

Previous Employment (starting with most recent)
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Name of Employer:			
Address:			
		Telephone:	
Postcode:			
Position Title:			
Start Date:			
Reason for leaving:			
Salary:			

Brief Description of Duties:

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Previous Employment

Name of Employer:

Address:

Postcode:

Telephone:

Position Title:

Start Date:

Reason for leaving:

Salary:

Brief Description of Duties:

Previous Employment

Name of Employer:

Address:

Postcode:

Telephone:

Position Title:

Start Date:

Reason for leaving:

Salary:

Brief Description of Duties:

Reference 1		
Name:		
Job Title:		
Organisation:		
Relationship:		
Address:		
Postcode:		
Telephone No:		
Email:		
Can we contact before interview:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Reference 2		
Name:		
Job Title:		
Organisation:		
Relationship:		
Address:		
Postcode:		
Telephone No:		
Email:		
Can we contact before interview:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Personal Statement (Optional)

Please use this section to tell us about other skills, abilities, knowledge and experience which you feel is relevant to your application. You can also include information of any voluntary or unpaid work undertaken. Please attach additional sheets if required.

Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge.

I acknowledge that I have not withheld any information that is relevant and otherwise be taken into account when offering me employment.

I understand that if any false or inaccurate information is discovered this any result in the termination of employment.

I agree that I will endeavour to familiarise myself with all Health and Safety procedures relating to all clients I am assigned to.

I understand that my CV and personal information will be shared with potential employers and clients. I give full permission to store my information and distribute it to potential companies and individuals deemed necessary by Tuncare healthcare services ltd.

Information contained within this document is governed by the Data Protection Act 1998, in line with the equality Act 2010. Disclosure of information in only with your informed consent.

Signature:		Date:	
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