

# Application for Employment

## Private and Confidential

PLEASE COMPLETE IN BLOCK CAPITALS

Position Applied For	Reference (Office Use Only)

Personal Details			
Title	Forename(s)	Surname	Previous Names
Address		Telephone (Home)	Telephone (Mobile)
		DOB	NI Number
Years at this address		Gender	Male / Female

Current Driving Licence?		
Yes	No	Licence Number
Expiry Date:	Endorsements:	Access to a car?
		YES / NO

Right to Work in the UK			
Are you a UK National		Nationality	Passport No.
YES	NO		
Do you have the permission to work in the UK?			
YES	NO		
If you are not a British citizen do hold any of the following visas?			
Student Visa		Spousal Visa	
Work Permit		Other	
Permanent Residency			
Expiry Date			

Registered Nurses		
NMC PIN Number	Renewal Date	Revalidation Date
Indemnity Insurance Provider & Number	Renewal Date	



**Wellness Care Provider**  
Wellness First.

<b>Education</b>		
Name of School (College / University)	Dates From & To	Qualifications Gained

<b>Employment History</b>			
Employer (Most recent first)	Dates From & To	Job Title & Duties	Reason for leaving




**Please provide any information if your application has gaps in the employment history.**

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References			
<b>Present or last employer</b>			
Name		Position Held	
Address		Relationship	
		Telephone	
<b>Postcode</b>		<b>Email</b>	
<b>Reference 2</b>			
Name		Position Held	
Address		Relationship	
		Telephone	
<b>Postcode</b>		<b>Email</b>	
<b>Reference 3 (Character Reference optional)</b>			
Name		Position Held	
Address		Relationship	
		Telephone	
<b>Postcode</b>		<b>Email</b>	

Criminal Record	
<b>Rehabilitation of Offenders Act 1974</b>	
Please note that all healthcare posts are subject to the Rehabilitation of Offenders act 1974, therefore you must disclose all cautions, reprimands, final warnings and convictions on your criminal record. However, a conviction will not necessarily restrain you from employment.	
<b>Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the police?</b>	
If yes, please give details.	
<b>Are you aware of any police enquiries being made against you that may affect your suitability for the post?</b>	
If yes, please give details.	

Next of Kin/Emergency Contacts			
Name		Relationship	
Address		Telephone	
		Mobile	
		Email	



**Additional Information**

If you would like to tell us anything else that is relevant to your application or something you think we should know then please use this space.

**Is your DBS on an update service check?**

**YES**

**NO**

**If yes, please provide a copy of your DBS**

**If not, on an update service check, we may require a new DBS. We may also need a proof of where you have lived for the past 3 (three) years.**



## Declaration

*All applicants please read carefully and sign*

I declare that the information given in this application is accurate and complete. I understand that any misleading statements may be sufficient to cancel any offer of employment or may result in the immediate termination of my employment. Due to the nature of the duties, I will be expected to undertake, it is my responsibility to declare any criminal convictions, reprimands, cautions, NMC suspensions, removal from the register, warnings as to the conduct before and after my employment with Wellness Care Provider Ltd. This includes any referral to, or inclusion to Safeguarding of vulnerable adults, or any such scheme currently existing or that comes into effect during my employment with Wellness Care Provider Ltd, I will declare any dismissals or disciplinary acts from my previous employment. I do understand that any offer of employment is subject to an enhanced DBS check, indicating my suitability for employment.

PRINT NAME:

Signature:

Date:



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