



## **Carer Application Form**

**Return this form to:**

**Person Centred Care Consultancy Limited  
Montpellier House  
Montpellier Drive  
Cheltenham  
GL50 1TY**

**Tel: 01242 321123**

Person Centred Care Consultancy Limited, Montpellier House, Montpellier Drive, Cheltenham, GL50 1TY

Web: [www.person-centred-care.co.uk](http://www.person-centred-care.co.uk) Email: [info@person-centred-care.co.uk](mailto:info@person-centred-care.co.uk) Tel: 01242 321 123 Fax: 08442 739418.  
Company Registration: 8575022

|                       |
|-----------------------|
| Position applied for: |
|-----------------------|

|   |          |            |
|---|----------|------------|
| Mr/ Mrs/ Miss/ Ms<br>Single/ Separated/ Other | Surname: | Forenames: |
|---|----------|------------|

|                |                            |   |
|----------------|----------------------------|---|
| Date of Birth: | National Insurance Number: | Do you need a work permit to work in the UK? Yes / No |
|----------------|----------------------------|---|

|            |                                 |
|------------|---------------------------------|
| Address:   | Telephone Numbers :             |
| Post Code: | Daytime:<br>Evening:<br>Mobile: |

|                     |                              |                              |
|---------------------|------------------------------|------------------------------|
| Other Surnames Used | Surname<br>Used from / Until | Surname<br>Used from / Until |
|---------------------|------------------------------|------------------------------|

|                     |          |                             |
|---------------------|----------|-----------------------------|
| Born in the UK      | Yes / No | If no, please state Country |
| Place of Birth :    |          |                             |
| Town / City :       |          |                             |
| County / District : |          |                             |

Previous Addresses – Provide your most recent addresses where you have lived in the last 5 years. Use an extra sheet if necessary.

|                        |  |
|------------------------|--|
| Address                |  |
| Town / City            |  |
| County                 |  |
| Post Code              |  |
| Date from / Date until |  |

|                        |  |
|------------------------|--|
| Address                |  |
| Town / City            |  |
| County                 |  |
| Post Code              |  |
| Date from / Date until |  |

|                        |  |
|------------------------|--|
| Address                |  |
| Town / City            |  |
| County                 |  |
| Post Code              |  |
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**Education**

| Schools Attended | From / To | Qualifications and grades |
|------------------|-----------|---------------------------|
|                  |           |                           |
|                  |           |                           |
|                  |           |                           |
|                  |           |                           |
|                  |           |                           |

| College / Universities Attended | From / To | Subjects taken and Qualifications |
|---------------------------------|-----------|-----------------------------------|
|                                 |           |                                   |
|                                 |           |                                   |
|                                 |           |                                   |
|                                 |           |                                   |
|                                 |           |                                   |

**Qualified Nurse**

| Training School | Date of Qualifying | PIN number | Expirey Date |
|-----------------|--------------------|------------|--------------|
|                 |                    |            |              |

Other training / membership of Professional Bodies / Apprenticeships / Special Courses including dates if possible.

Protection of Vulnerable Adults. Person Centred Care Consultancy Ltd are required to place on the personnel files a detailed history of every member of staff. The curriculum vitae form below must be completed as accurately as possible, without any gaps. Full employment history including temporary posts and work experience. We may wish to verify these facts so be as accurate as possible. Use an extra sheet if necessary.

Notice required at current position: \_\_\_\_\_

| Name & Address of Employer | Position | From / To | Final rate of Pay & Reason for leaving |
|----------------------------|----------|-----------|--|
|                            |          |           |  |
|                            |          |           |  |
|                            |          |           |  |
|                            |          |           |  |
|                            |          |           |  |
|                            |          |           |  |
|                            |          |           |  |

|   |                                |
|---|--------------------------------|
| How many hours are you able to work per day | What days are you able to work |
|---|--------------------------------|

**References:**

Please give names, addresses & telephone numbers of two people from whom we may obtain both character & work references. Current employers will not be contacted without your permission.

|             |             |
|-------------|-------------|
| Reference 1 | Reference 2 |
|-------------|-------------|

|   |  |
|---|--|
| Do you hold a valid driving licence Y / N | Do you have regular use of vehicle Y / N |
|---|--|

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**Language Skills**

Do you speak or write any languages other than English?

**Attendance**

Give details of your absence and lateness over the last 12 months

**Comments**

Detail any specific reasons for your application, main achievements to date, strengths you feel you could bring to our company and any other information you may feel relevant.

All positions within the company are exempt from the provisions of Section 4(a) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Exemption Order 1975. Applicants therefore are not entitled to withhold information about convictions which for other purposes are "spent" under the provision of the Act. In the event of employment any failure to disclose such convictions could result in disciplinary action including dismissal. All information given will be treated as confidential.

Have you ever been convicted of any criminal offences?                      Yes / No

If yes, give details

### **Declaration**

Read carefully before signing. I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered.

Signed : \_\_\_\_\_

Date : \_\_\_\_\_