



Doves Healthcare Ltd

Premium Services For Healthcare Staff

DOVES HEALTH CARE LTD
 40 BAIRD DRIVE
 WOODSTREET VILLAGE
 GUILDFORD
 GU3 3EF
 COMPANY REG. NO. 07803087
INFO@DOVESHHEALTHCARE.CO.UK
WWW.DOVESHHEALTHCARE.CO.UK

APPLICATION FORM Health Care Assistant

Employment No:

1. PERSONAL DETAILS

Last Name:	First Names:
Mr/Mrs/Miss/Ms:	Maiden Name:
Present Address:	Post Code:
Home Tel:	Mobile Tel:
National Insurance No:	Standard or Reduced Rate:
Date of Birth:	Place of Birth:
Nationality:	Passport No:
Next of Kin Name & Address:	Post Code:
Home Tel:	Mobile Tel:

2. PREFERRED WORK

Please Circle: Full-Time Part-Time Day Duty Night Duty

Preferred areas:

Do you hold a current drivers licence? YES / NO Do you have a car available for use? YES / NO

3. REFERENCES

Please give the names of two referees (senior post-holders) from your last two employers

Name:	Name:
Position:	Position:
Address:	Address:
Post Code:	Post Code:
Telephone No:	Telephone No:
Fax No:	Fax No:

4. BANK DETAILS

Bank Name:	Sort Code:
Bank Address:	Post Code:
Account Name:	Account No:



5. TRAINING / EDUCATION

Dates		Qualification	Training School	PIN Number	Expiry Date
From	To				

Use a separate sheet if necessary

6. WORK HISTORY (Post Qualification)

Dates		Employer	Address	Position
From	To			

A full work history since leaving education is required, use a separate sheet if necessary

7. ADDITIONAL INFORMATION

a) **Are there any immigration restrictions limiting your freedom to work in this country?** Yes No

If yes, please give details

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b) The position for which you are applying is excepted 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.

Have you ever been convicted by the courts or cautioned, reprimanded or given a final

warning by the police ?

Yes No



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If yes, please give details of offences, penalties and dates:

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.....
.....

A conviction will not necessarily prevent your application from proceeding.

Are you aware of any police enquiries undertaken following allegations made against you,

which may have a bearing on your suitability for this post ?

Yes No

If yes, please give details:.....

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 postholder 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 £50.00

Signature.....

Date.....