



Personal details	Name:			
	Address:			
	Phone numbers:	Home:		
		Work:		
		Mobile:		
	Date of birth:			
Where did you see this vacancy advertised?				

Position applied for	Job title:	Night Care Assistant / Day Care Assistant <i>(Please delete post you are NOT applying for).</i>
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Present or most recent employment	Job title:			
	Employer's name and address:			
	Brief summary of key responsibilities:			
	Date started:		Date ended: (if applicable)	
	Current or most recent salary:	£		

Attendance and health record	Please give details of your attendance and health record in the last two years of employment. This should include the approximate number of day's absence.	
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Previous employment	Start with the most recent. If you have a printed summary of all the details required you may attach a copy instead of completing this section.
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Job Application Form

Starting and leaving dates	Name and address of employing organisation	Job title and brief description of duties

Education	Please list secondary schools, professional courses, polytechnics, universities and any other educational bodies, together with the qualifications gained. You may also add details of any significant training programmes attended if you feel these are relevant to the post. Please note that evidence of qualifications may be requested. Please start with most recent.		
	Starting and leaving dates	College, school or similar	Qualifications gained

Driving	Do you hold a current driving licence?	Yes No



Job Application Form

Do you own a car that you would be prepared to use and insure for work purposes?	Yes No
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Availability	If appointed, how long a period of notice would be needed before you would be available to start work?	
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Relevant experience	Please tell us how your skills and experience are relevant to the person specification for this post. You should note that short listing decisions will be based on the degree to which your skills and experience match the person specification.	
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Please continue on additional pages as required.



Job Application Form

Further information	Is there any other information you wish to include in support of your application?
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References	Please give the names and addresses of two referees, one of whom should normally be your present or most recent employer. All referees must know you in a professional or business capacity; personal references from relatives or friends will not normally be accepted. Kelvia Health Care Services reserves the right to approach any of your previous employers and will ask about absence and disciplinary issues.
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Can Kelvia Health Care Services contact your referees without further reference to you?	
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Reference 1	
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Name:	
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Position in organisation:	
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Employer's, business or organisation name:	
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Address:	
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Telephone number:	
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Reference 2	
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Name:	
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Position in organisation:	
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Employer's, business or organisation name:	
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Address:	
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Telephone number:	
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In what capacity do you know this person?	
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Job Application Form

Declaration of interest	Are you related to an employee of Kelia Health Care Services or a member of its Management Committee?	Yes No
	Do you have any direct or indirect financial or personal interest in Kelia Health Care Services? (You should declare any financial interest in any organisation which sells or receives goods or services to or from Kelia Health Care Services.)	Yes No
	Do you have any criminal convictions?	Yes No
	If you have answered "Yes" to either of these questions, please explain:	

By submitting this application form either electronically or by post, I authorise Kelia Health Care Services to take up references if I am short-listed for interview or offered the post I have applied for. I understand that any delays I may request in the seeking of references may prejudice my selection for, or confirmation of appointment to, the post.

I understand that providing false information will be treated very seriously; if I am appointed as a result of this application, I acknowledge that the false information on this form could result in the termination of my employment with Kelia Health Care Services.

I declare that the information given in all sections of the form is correct to the best of my knowledge.

Signature:		Date:	
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DO NOT SCAN THIS FORM TO SUBMIT YOUR APPLICATION.

When completed, email form to: admin.contactus@christianahealthcareservices.co.uk

Notes:

- 1) Thank you for your interest in the post. In the interests of economy, receipt of your application will only be acknowledged if you submit through our email address as specified above.
- 2) Candidates selected for interview will be informed within 1–4 working days from when you submit the application form. If you have not been contacted within that time you should assume your application has been unsuccessful on this occasion.
- 3) All offers of employment are made subject to receipt of satisfactory DBS, Health and CQC checks and will require proof of eligibility to work in the UK.