

**ALL APPLICANTS MUST COMPLETE ALL OF THE RELEVANT SECTIONS OF THIS FORM. INCOMPLETE FORMS WILL BE RETURNED TO YOU AND WILL DELAY YOUR MEMBERSHIP.**

Please  
affix  
2 recent  
Photo's  
here

### Personal Details

Complete all fields

Forenames

Surnames

Present Address

Home Tel. No.

Mobile Tel. No.

Next of Kin

Relationship

Contact Tel. No.

Title Mr Mrs Miss Other

Date of Birth

Nationality

National Ins. No.

Passport No.

Exp. Date

Email

Work Tel. No.

Next of Kin Contact Address

Emergency Contact Name and Tel Number if different

### How did you hear about us:

Please circle appropriate box

Newspaper Advert (name)

Friend (name)

Internet Advert (name of site)

Other (details)

### Qualifications

Reg No.

Exp. Date

### Professional Training

Name and address of Training School

Qualification

Start Date

End Date

### Other Training

Moving & Handling

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Basic Life Support / CPR

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Infection Control

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health & Safety

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fire Safety

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Food Hygiene

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Other Information

Preferred Work Schedule

Please tick applicable box

Vehicle Access

Days

Part-time

NHS

Long-term Placement

Do you have access to a car?

Nights

Full-time

Private

Permanent Placement

Full UK Driving Licence Holder?



Name & Address of Employer

Position Held

Start Date

Speciality

End Date

Name & Address of Employer

Position Held

Start Date

Speciality

End Date

Name & Address of Employer

Position Held

Start Date

Speciality

End Date

Name & Address of Employer

Position Held

Start Date

Speciality

End Date

## Referees

**Most recent or present two employers**

Prev. Employers Name

Prev. Employers Name

Their Position

Their Position

Dates worked by YOU

Dates worked by YOU

**Work Address**

Tel.

**Work Address**

Tel.

## Statement of Criminal Convictions

Because of the nature of the work for which you are applying, the provisions of Section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitations of Offenders Act (1974) (exceptions) (amendments) Order 1986. All applicants are therefore required to give information about convictions which for other purposes are 'spent' under the provisions of the Act. Any information given will be treated in confidence and taken into account where the offence is relevant.

Details of Convictions or Cautions

Have you ever been convicted in **any** court of **any** offence ?

Yes

No

I agree to inform Ashbourne Healthcare Services immediately if I subject to criminal proceedings

Do you have any criminal proceedings pending against you ?

Yes

No

Please sign: \_\_\_\_\_

If Yes, please give details

## Declaration

I certify that the above information is true and that I have received, read and signed a copy of the terms of engagement.

Signed

Date

Print Name

**Ashbourne Group Ltd is an equal opportunities employer.**

## Bank Details

Please supply details of the account into which you would like Ashbourne Healthcare Services to make your weekly payments. Incorrect details, or not supplying details can result in a delay in payment.

Bank / Building Society Name

Account Holders Name

Bank / Building Society Address

Sort Code

Bank Account Number

Building Society Ref. Number

## Office Use only

Received by

Date

Commencement Date

Interviewed by

Date

Appraisal

Due Date

Initials

Due Date

Initials

Due Date

Initials

Notes

Badge Issued

Signed

Date

Uniform Issued

Signed

Date