TRACEY NIGHTINGALE UNITED CARE LTD

T · N
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Application Form

Please attach two Passport Photographs	Please attach two Passport Photographs

Position Applied for		
Surname:		**Address:**
Forenames:		
Title:		
Maiden Name:		
Home Telephone:	**Mobile:**	
Email address:		**Post Code:**
Date of Birth:		
Nationality:		
National Insurance Number:		

Full Driving License	
Access to a vehicle	
Car Registration number for vehicle that will be used for working purposes	

List any Secondary qualifications you have *(e.g., GCSE, A-Level, Level 1-4 NVQ, Diploma, Cert, GNVQ)*

Qualification	Date

List any Higher Education Qualifications you have *(e.g. Level 5 or above NVQ, Dip, Cert, HNC, BA, BSC, MA)*

Note: Please bring with you originals of all relevant qualifications and certificates obtained.

Qualifications	Date

Current Employment Information

Name and address of current employer: **Telephone Number:** **Name of your Manager:**	**Date Started:** **Position Held:** **Reason for leaving:**

Full employment history since leaving school including any gaps – Most Recent First

(Continue on a separate sheet of paper if necessary)

Company Name & address	Position held	Date from (month and year)	Date to (month and year)	Reason for leaving

If you are a member of a professional body or union please state which:

Professional References

Please provide names and addresses of three professional referees. Your first reference must be from your current or last place of work or study and addressed to your line manager. Friends or relatives are not advisable; however a tutor or a professional who knows you is acceptable. You must provide workplace addresses and the referee must be a higher grade of staff than you yourself i.e. your line manager. If you are unable to provide x2 professional references we will need x2 character references instead

Name	
Job Title	
How do you know this person?	
Company	
Address	
Telephone Number	
Email	

Name	
Job title	
How do you know this person?	
Company	
Address	
Telephone Number	
Email	

Character reference details. (This should be someone who has known you for several years and is not

next of kin or family)

Name	
Job Title	
How do you know this person?	
Company	
Address	
Telephone Number	
Email	

Relevant experience (if any).

Please include here any skills or characteristics that make you suitable for this role.

Next of Kin details: who you would want County Care to contact in the event of an emergency

Surname:	**Address:**
Forename:	
Title:	**Post Code:**
Relationship:	
Contact Numbers:	
Work contact Number:	

Criminal Records

Do you have any criminal convictions, Cautions, Reprimands or Final Warnings in the UK or abroad? (whether related to work or not):

If yes please detail below:

Are you / have you been under / undergoing any clinical investigation or suspension?

If yes please detail below:

This employment is not exempt from the provisions of the rehabilitation of young offenders Act 1974 you are not therefore entailed to with hold information requested by the company about any previous convictions in this country or abroad you may have, even if in other circumstances these would appear spent. I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal

Confidentiality

All information you see or hear in the course of your duty is confidential. You must not disclose to any other personal details or information relating to clients, their medical conditions or company matters.

Data Protection

TNC's records are kept securely in a safe location in line with the Data Protection Act 1998. You understand that any personal detail held by County Care, may be accessed from time to time by authorised inspectors from the Care Quality Commission (CQC) and NHS Framework (Buying Solutions)

Working Time Regulations 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week, however you may chose to do so.

Please tick the appropriate box to confirm that you have read and understood the above information.

***I DO NOT** wish to work more than 48 hrs per week**	***I DO** wish to work more than 48 hours per week**
*Delete as appropriate**	

How did you hear about TNC?

Signed:	***Print:***	***Date:***