



APPLICATION FOR MEMBERSHIP

JOB APPLIED FOR.....

Mr/Mrs/Miss/Ms Surname.....Forename.....
 Former Name(s).....
 Address.....

 Date of birth.....
 Telephone Numbers; Home.....Mobile.....
 E-mail address.....
 Country of birth.....Nationality.....
 National Insurance Number.....
 Do you need a permit to work in this country? Yes/No
 Date last CRB/DBS was requested.
 Date.....
 By whom.....

Next of kin (in case of emergency).....
 Address.....
 Telephone number.....

Full, current and clean driving licence? Yes/No.....
 Car owner? Yes/No.....
 Smoker? Yes/No.....
 Your interests and hobbies.....

 Professional body/Trade Union Membership Yes/No.....

This position is exempt from the provisions of the Rehabilitation of Offender Act. Therefore, your entitlement to withhold any information which for other purposes is 'spent' does not apply. You are required to give details of and criminal convictions, cautions, bind-overs, past, current or pending. Should you be offered a post, these will be confirmed through a Disclosure and Barring Service check.

.....



Academic Qualifications:

School	Date	Qualification and Grade	Subject

Further education /Vocational Qualifications e.g.NVQ in Care,

Educational Establishment	Date	Qualification and Grade	Subject

Attendance at vocational training courses e.g. First AID at work, Food hygiene

Educational Establishment	Date	Qualification and Grade	Subject



Previous employment and experience (latest first):

Employer name and address	Job Title	Worked from –to	Reason for leaving

Please use a continuation sheet if necessary.



Available to work (hours and times in the week).....

Date from which you are available/Notice period (if applicable).....

Reference 1

Current Employer.....

Address.....

Telephone number.....

Can we contact them before we interview you? Yes/No

Reference

2.....

Address.....

Telephone number.....

Can we contact them before we interview you? Yes/No

If selected for interview, I will need the following disabilities to be taken into account in order for me to be able to attend my interview.

.....
.....
.....
.....

The information I have presented in this application is complete and accurate and I understand that if I have knowingly made a false statement this will lead to instant dismissal.

Signature.....Date.....



I feel I should be considered for this post because;

Any other supporting information

Please use a continuation sheet if necessary



Supreme Home Care Limited

6 Pearson Rd, Central Park,
Telford, Shropshire, TF2 9TX

t Tel: 01952 216 700 f Fax: 01952 216 704
e office@supreme-homecare.com



Ethnicity Monitoring Questionnaire – confidential and anonymous

Supreme Home Care has an active equal opportunities policy, part of which is an on-going equalities action plan. On a regular basis we monitor our staff recruitment to check we are not knowingly excluding or discriminating against black and ethnic minorities or those with disabilities. In order to help us can you please indicate your date of birth and ethnic origin and return this form with your application form?

Thank you

Date of birth.....

- | | |
|---|---|
| <input type="checkbox"/> White (British) | <input type="checkbox"/> Asian or Asian British - Indian |
| <input type="checkbox"/> White (other European) | <input type="checkbox"/> Asian or Asian British - Pakistani |
| <input type="checkbox"/> White (other) | <input type="checkbox"/> Asian or Asian British - |
| <input type="checkbox"/> Black or Black British African | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Asian or Asian British (other) |
| <input type="checkbox"/> Black or Black British (other) | <input type="checkbox"/> Chinese |
| | <input type="checkbox"/> Mixed ethnicity |
| | <input type="checkbox"/> Other please specify |