

Direct Care Ltd, PO Box 52, Peterborough, PE8 9AZ  
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 Tel: 0845 652 6524 Fax: 0845 652 0632

**PLEASE PRINT CAREFULLY IN BLACK INK PLEASE ALSO INCLUDE AN UP TO DATE CV**  
 If you have not heard from us within 2 weeks, please assume that your application has not been successful

**SECTION 1: PERSONAL DETAILS**

TITLE:	SURNAME:		
FORENAMES (IN FULL):			
PREVIOUS SURNAME(S) AND DATES USED:			
ADDRESS:			
POSTCODE:	NATIONAL INSURANCE NO.		
DATE OF BIRTH*:	E-MAIL ADDRESS:		
HOME PHONE:	MOBILE:		
DRIVING LICENCE: Yes <input type="checkbox"/> No <input type="checkbox"/>	MANUAL /AUTOMATIC	CLEAN LICENCE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF NO, PLEASE GIVE DETAILS:			
DO YOU HAVE A CAR AVAILABLE YOU?			
NEXT OF KIN TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME:	RELATIONSHIP TO YOU:		
ADDRESS:			
POSTCODE:	HOME PHONE:		
MOBILE PHONE:	WORK PHONE:		

**SECTION 2: POSITION AND AVAILABILITY**

POSITION APPLIED FOR:			
PART TIME: <input type="checkbox"/>	FULL TIME: <input type="checkbox"/>	BANK: <input type="checkbox"/>	
WHERE DID YOU HEAR ABOUT THE POSITION?			
DO YOU HAVE OTHER WORK COMMITMENTS?			
WHEN WOULD YOU BE AVAILABLE TO START WORK?			

**SECTION 3: RIGHT TO WORK IN THE UK**

I CONFIRM THAT I AM ENTITLED TO WORK IN THE UK ON THE FOLLOWING BASIS:	PLEASE TICK BELOW
EU CITIZEN	<input type="checkbox"/>
RIGHT OF ABODE IN THE UK	<input type="checkbox"/>
PERMIT FREE VISA/STUDENT VISA	<input type="checkbox"/>
SPOUSE OF AN EU CITIZEN	<input type="checkbox"/>
IF ENTITLED TO A PERMIT FREE STATUS/STUDENT VISA, PLEASE GIVE EXPIRY DATE:	<input type="checkbox"/>

DIRECT CARE LTD IS AN EQUAL OPPORTUNITIES EMPLOYER



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SECTION 5: YOUR EDUCATIONAL BACKGROUND AND QUALIFICATIONS				
SCHOOL	FROM	TO	QUALIFICATION	
COLLEGE/UNIVERSITY	FROM	TO	QUALIFICATION	
OTHER TRAINING: EXAMINING BODY	FROM	TO	QUALIFICATION	


<b>SECTION 6: REFEREES</b>	
PLEASE GIVE THE NAMES OF TWO PEOPLE, INCLUDING YOUR PRESENT OR MOST RECENT EMPLOYER, WHO CAN COVER THE LAST 5 YEARS, WHOM WE MAY APPROACH FOR PROFESSIONAL REFERENCES.	
1. NAME:	POSITION:
COMPANY:	
ADDRESS:	
	POST CODE:
TELEPHONE:	CAN WE CONTACT AT THIS STAGE? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. NAME:	POSITION:
COMPANY:	
ADDRESS:	
	POST CODE:
TELEPHONE:	CAN WE CONTACT AT THIS STAGE? Yes <input type="checkbox"/> No <input type="checkbox"/>
PLEASE GIVE THE NAME OF SOMEONE WHO YOU HAVE KNOWN PERSONALLY FOR A MINIMUM OF 5 YEARS, WHOM WE MAY APPROACH FOR A PERSONAL REFERENCE.	
3. NAME:	POSITION:
COMPANY:	
ADDRESS:	
	POST CODE:
TELEPHONE:	CAN WE CONTACT AT THIS STAGE? Yes <input type="checkbox"/> No <input type="checkbox"/>
I.....GIVE DIRECT CARE LTD PERMISSION TO OBTAIN REFERENCE FROM THE ABOVE MENTIONED.	
SIGNED: ..... DATED: .....	

<b>SECTION 7: REHABILITATION OF OFFENDERS ACT 1974</b>
BY VIRTUE OF THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)(ALL CANDIDATES) THE REHABILITATION OF OFFENDERS ACT 1974 PERMITS A PERSON IN CERTAIN CIRCUMSTANCES TO IGNORE OFFENCES COMMITTED IN THE PAST WHEN ASKED OF PREVIOUS CONVICTIONS. THESE CONVICTIONS ARE KNOWN AS SPENT CONVICTIONS. HOWEVER, THE EXCEPTION ORDER 1975 STATES THAT STAFF CARING FOR THE YOUNG, THE SICK AND THE HANDICAPPED ARE NOT ALLOWED TO WITHHOLD DETAILS OF ANY OFFENCES FOR WHICH THEY HAVE BEEN CONVICTED HOW EVER LONG AGO THESE CONVICTIONS WERE SERVED.
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR RECEIVED A CAUTION, REPRIMAND OR WARNING? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YOU HAVE ANSWERED YES TO THE ABOVE, PLEASE LIST ANY OFFENCES FOR WHICH YOU HAVE BEEN CONVICTED, CAUTIONED, REPRIMANDED OR WARNED, REGARDLESS OF THE SERIOUSNESS OF THE OFFENCE OR HOW LONG AGO THE NOTICE WAS SERVED.


PLEASE GIVE 5 YEAR ADDRESS HISTORY:

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**SECTION 8: PROFESSIONAL MISCONDUCT**

HAVE YOU EVER BEEN THE SUBJECT OF PROFESSIONAL MISCONDUCT PROCEEDINGS OR SUSPENSION FROM AN EMPLOYER, OR ARE SUCH PENDING OR THREATENED AGAINST YOU?      Yes  No

IF YES, PLEASE GIVE DETAILS:


**SECTION 9: DECLARATION**

I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION FOR EMPLOYMENT IS CORRECT.

NAME:

SIGNATURE:

DATE: