



26 Church Street, Wellington, Telford, TF1 1DS

Tel: 01952 248529
info@essencekare.co.uk
www.essencekare.co.uk

Application Form

Position Applied for:

Date Completed:

Section 1: Personal Details

Title:	Surname:
Forenames (in full):	Previous Surname(s) (if any):
Address:	Date of Birth:
Postcode:	Home tel. no:
Date moved to current address:	Mobile tel. no:
	E-Mail address:
	National Insurance no:

Do you hold a current UK driving licence? **YES** **NO**

Please state details of any penalties on your licence or convictions pending:

Do you own a car? **YES** **NO**



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Section 3: Employment

Please list below a complete record of other employments and include, if you wish, any voluntary activities either paid or unpaid. These should be in date order, starting with the most recent. **Please explain any gaps in employment.**

Date (From and To) Dd/mm/yyyy	Name of organisation and nature of business	Job title/role with main duties and responsibilities	Reason for leaving

(Continue on separate sheet if required)



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How many sick days have you had in the last 3 years? _____ Days

Please list the reasons for these sick days.

Do you have any commitments that prevent you from working certain hours/days? If so, please state below.

Are you currently working? YES NO

If so, how much notice must you provide to your current employer?



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Section 4: Why would you like to work at Essence?

Please write a brief paragraph about why you want to work for Essence Telford Ltd, why you want to work within the care industry and the qualities that you have that would make you the ideal candidate.

Continue on a separate sheet if necessary

Section 5: Further Information

Criminal convictions

As defined by the Rehabilitation of Offenders Act 1974 and subsequent regulations, under section 4.2 you do not need to declare convictions which are 'spent'.

However, by virtue of the Rehabilitation of Offenders (Exceptions/Amendments) Order 1986 those provisions do not apply if you are applying for a job supervising, caring for or otherwise connected with people from the following list, **you must always declare any convictions and/or cautions for criminal offences**, even where they are 'spent'. For these purposes, this includes working with children, young and older people, those who are dependant on alcohol or drugs, and those with mental or physical disabilities, illness, injury or deformity, including people who are blind, deaf or without speech.

*Criminal Convictions
(Please state NONE if appropriate):

*** Please note if you have any cautions or convictions that you do not declare on this form then we will not be able to offer you a position. Please list all cautions and convictions**



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References

**PLEASE PROVIDE TWO PROFESSIONAL REFERENCES,
ONE MUST BE YOUR CURRENT/LAST EMPLOYER.**

Referee 1.

Referee 2.

Name: _____

Name: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

Mob: _____

Mob: _____

Email: _____

Email: _____

Declaration

The information that I have provided is to the best of my knowledge. I understand that giving false information or omitting relevant information could disqualify my application and, if I am appointed, could lead to my dismissal.

Signed: _____

Date: _____



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Essence Equal Opportunity Policy

We regularly review and improve our recruitment process, therefore we ask that you complete the following form to assist us with such improvements.

Information you provide in this form will not be used in selecting or not selecting you for an employment position, and is used to monitor our equal opportunities policy. This information is confidential and you will not be identified by any information you provide in this form. Completed forms will be detached from your application upon receipt and will not be held in employment files. This form is not part of your application.

Job Title Applied for:

Surname:

Gender:

Forenames(s):

Marital Status:

Ethnic Origin (The following categories are recommended by the Commission for Racial Equality. If you feel the choices do not provide a suitable option, please write down how you would describe your ethnic origin)

A White

- 1 White British
- 2 White Irish
- 3 White Other (*please specify*)

D Black or Black British

- 11 Caribbean
- 12 African
- 13 Any other Black background (*please specify*) _____

B Mixed

- 4 White and Black Caribbean

E Chinese or other ethnic group

- 14 Chinese
- 15 Any other (*please specify*) _____



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Essence Next of Kin & Doctors
Emergency Contact Details

Can you please fill in this section so we have a point of contact for you as an emergency contact number.

YOUR NAME _____

NEXT OF KIN NAME	RELATIONSHIP	TEL: NUMBER	ADDRESS

Doctors Details

Name: _____

Surgery: _____

Contact Number: _____

If these details change can you please ensure the office is made aware.
These contacts will only be used in an emergency.



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Holidays Booked

Full Name:

Date Completed:

Do you have any holidays booked within the next year?

Yes

No

If so, please specify dates.



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Health Questionnaire PLEASE COMPLETE ALL PARTS

Surname:

Forenames(s):

Date of Birth:

Date Completed:

Questions	Yes	No	Additional Information
Have you ever suffered from any of the following?			
Asthma or Bronchitis			
Back injury, pain or problems			
Chickenpox, German Measles, Rheumatic Fever, Dysentery, Tuberculosis, Typhoid, Poliomyelitis, Jaundice or Hepatitis			
Chest pains, heart condition or high blood pressure			
Depression, break-down or mental illness			
Dermatitis, skin allergies, eczema or psoriasis			
Diabetes, thyroid or other gland problems			
Epilepsy, fits or migraines			
Eye-sight impairment or problems, Do you wear glasses or contact lenses?			
Hearing problems or ear infections			
Gastric problems, ulcers or irritable bowel syndrome			
Varicose veins or circulatory problems			

Other information:			
Do you smoke?			
How many units of alcohol do you consume on a weekly average?	Number of Units: _____		
Have you been outside the UK in the last 12 months?			
How many days have you had off due to sickness over the last 3 years?	Number of Days: _____		
Have you ever had salmonella or food poisoning?			
Have you ever suffered from, or come into contact with, Hepatitis B			
Have you ever had any major operations?			
Are you currently receiving any treatment or medication?			
Have you ever been medically unfit for any reason?			
Are you registered under the Disabled Persons Act?			
Are you, or have you been, in receipt of a disability pension?			

Immunisations: Have you ever been vaccinated, immunised or tested for any of the following:	Yes	No	Date of Results
Hepatitis B			
Tetanus			
Diphtheria Schick Test			
Rubella (German Measles)			
Tuberculosis BCG			
Poliomyelitis			
Chest X-ray			
CT Scan			

Notice:

Essence Telford Ltd requires certain information prior to candidates commencing employment, to ensure performance requirements for the position are met and a reliable service is provided. This information is to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995. All information provided is kept confidential and used only for the purposes detailed above in compliance with the Data Protection Act 1998.