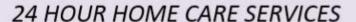


Contact number

SAM'S CARE





Five Bells, Fleet Bank, Gedney Dyke, Spalding, Lincolnshire, PE12 0AW Tel: 01406 362 637 / 07876 714 516 Email: sams.care.sm@gmail.com

Tel: 01406 362 637 / 07876 714 516 - Email: sams.care.sm@gmail.com

Application Form

PART A: PERSONAL DETAILS

	Title
	Surname
	Previous Name(s)
	Forenames
	Home address
	Title Surname Previous Name(s) Forenames Home address Date of birth Availability Email National Insurance Nationality Religion Passport number Date of expiry
	Laire Lices
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9	Date of birth
	Availability
	Email 5
	National Insurance
	National insurance
	Nationality
	Religion
	Passport number
	Date of expiry
	Driving Licence number / type
	Date of birth Availability Email National Insurance Nationality Religion Passport number Date of expiry Driving Licence number / type Mobile number Home number Skype contact Next of kin Cartest a replace
ı	Home number
	Clarity of the state of the sta
	Skype contact
	Next of kin
[

PRESENT (OR MOST RECENT) EMPLOYER

Name	
Address	
	85
Job title	50)
Salary	Start date
Notice required or date left	
Main tasks and	S
responsibilities	
	Co
Reason for leaving	8

It is important that this section is filled in completely including dates (starting with most recent) since leaving school, so that no period of time is unaccounted for. Please use separate page if necessary.

CAREER HISTORY

Name and address	Start	Finish	Job title and key	Reason for leaving
of employer	date	date	responsibilities	2
$O_{\mathbf{v}}$	MM/YY	MM/YY		5

QUALIFICATIONS

Academic, professional or vocational

Name o	f qualification
and date	e attainded

Home Care Services Name of educational establishment and/or professional/awarding body

Calle Services

RECENT TRAINING

within the last 5 years

Training	/ course and	b
date Q		

Outcome of training e.g. certificate Care 24Hr Home

2 ^M			
amis care	10We Cay	.0	service
Samis Care 24H	il Ho.	Joles .	, e
HEALTH DECLARATION Have you any medical condition that is relevant to your ap work?	N.X.		-(2)
Do you smoke? Have you ever suffered any serious illness or been admitted.	ye	es□	no □ no □ no □
5 years? If yes please state details	Me OAH		
Do you suffer from any allergies? If yes please state details	ye ye	es 🗆	no 🗆
Are you taking any medication? If yes please state details	ye	es 🗆	no 🗆

HEALTH DECLARATION - cont	inued		
Do you have any special dietary of the second secon	requirements?		yes□ no□
Have you suffered with any of the	e following?		
Epilepsy Diabetes High blood pressure	e following?		yes□ no□ yes□ no□ yes□ no□
Low blood pressure Back, neck or joint injuries	ale a	_V)	yes□ no□ yes□ no□
Number of days sickness in the p	oast 3 years	4,	
PLEASE NOTE: It is important to und be aware of any problems of ill health regularly. SUPPLEMENTARY INFORMATION Personal transport - please provide	h, otherwise they could refus	e to pay a claim. Please keep	us updated
points, including dates.	details of any current motoring	convictions, disqualifications of p	perialty
	Holl	Cale S	Hices
Reference 1 Name	Name	rence 2	
Email Telephone	Emai	hone	C. 21.0 S
Disclosure of Criminal Offences – R The Rehabilitation of Offenders Act 19 seen as "spent". The post involves co Disclosure Certificate from the Crimina "spent" convictions.	74 gives individuals the right no ntact with vulnerable adults the	ot to disclose details of old offenderefore we will apply for an Enhal	nced
How did you hear about us? Data Protection Act 1998	3600	2	S
Sam's Care will hold some information 1998 this data is primarily for salaries,			
DECLARATION	. 6	7/	
I declare that the information on thi my application being disallowed, or			n may lead to
I am willing for this data to be held named in this application.	and processed by Sam's Care	and to it being verified with third	parties
I confirm that I am entitled to live as			
	nd work in the United Kingdom.		

(If you submit an application electronically, you will be asked to sign the form before any interview). Please supply a recent passport style photograph with your application form

Name and address of employer	Start date MM/YY	Finish date MM/YY	Job title and key responsibilities	Reason for leaving
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		_	25	

QUALIFICATIONS - Continued

Academic, professional or vocational

Name of qualification and date attainded

Name of educational establishment and/or professional/awarding body

Samis Care 2 Altir Home Care Service

Home Care Services **RECENT TRAINING** within the last 5 years - Continued

Samis Care. 2AHr. Home Care Senice Training / course and Samis Care All Hir Home