



# SAM'S CARE

## 24 HOUR HOME CARE SERVICES



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

### Application Form

#### PART A: PERSONAL DETAILS

**PRESENT (OR MOST RECENT) EMPLOYER**

Name
Address
Job title
Salary
Notice required or date left
Main tasks and responsibilities
Reason for leaving

Start date
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**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 of employer	Start date MM/YY	Finish date MM/YY	Job title and key responsibilities	Reason for leaving
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*(additional space at the end of the application to continue)*

## QUALIFICATIONS

Academic, professional or vocational

Name of qualification and date attained	Name of educational establishment and/or professional/awarding body
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## RECENT TRAINING

within the last 5 years

Training / course and date	Outcome of training e.g. certificate
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## HEALTH DECLARATION

Have you any medical condition that is relevant to your application or that could affect you in your work?

yes  no

Do you smoke?

yes  no

Have you ever suffered any serious illness or been admitted to hospital in the past 5 years?

yes  no

If yes please state details

Do you suffer from any allergies?

yes  no

If yes please state details

Are you taking any medication?

yes  no

If yes please state details

## HEALTH DECLARATION - continued

Do you have any special dietary requirements? yes  no

If yes please state details

Have you suffered with any of the following?

Epilepsy

yes  no

Diabetes

yes  no

High blood pressure

yes  no

Low blood pressure

yes  no

Back, neck or joint injuries

yes  no

Number of days sickness in the past 3 years

**PLEASE NOTE: It is important to understand that the insurance company who provides insurance for us must be aware of any problems of ill health, otherwise they could refuse to pay a claim. Please keep us updated regularly.**

### SUPPLEMENTARY INFORMATION

**Personal transport** - please provide details of any current motoring convictions, disqualifications or penalty points, including dates.

#### Reference 1

Name

Email

Telephone

#### Reference 2

Name

Email

Telephone

#### Disclosure of Criminal Offences – Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as “spent”. The post involves contact with vulnerable adults therefore we will apply for an Enhanced Disclosure Certificate from the Criminal Records Bureau. In that event you will be required to provide details of “spent” convictions.

How did you hear about us?

#### Data Protection Act 1998

Sam's Care will hold some information about applicants and employees. In line with the Data Protection Act 1998 this data is primarily for salaries, pension administration, monitoring and statutory reporting purposes.

#### DECLARATION

- I declare that the information on this form is accurate. I understand that any inaccurate information may lead to my application being disallowed, or to my dismissal, should I have taken up an appointment.
- I am willing for this data to be held and processed by Sam's Care and to it being verified with third parties named in this application.
- I confirm that I am entitled to live and work in the United Kingdom.

Sign

Date

(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

**CAREER HISTORY continued**

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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**QUALIFICATIONS - Continued**

Academic, professional or vocational

Name of qualification and date attained	Name of educational establishment and/or professional/awarding body
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**RECENT TRAINING within the last 5 years - Continued**

Training / course and date	Outcome of training e.g. certificate
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