

## Palmstone Care Services

### Applicant Information

Applicant's full name: Title: \_\_\_\_\_ First: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: No. and Street name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

N.I no: \_\_\_\_\_ NMC Pin: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
if applicable

Do you hold a full driving licence valid in the UK? Yes ☐ No ☐

Are you a citizen of UK? Yes ☐ No ☐ if no, are you authorised to work in the UK? Yes ☐ No ☐

Have you ever worked for this company? Yes ☐ No ☐ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

### Availability

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Position Applied for:
Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Education

High School: \_\_\_\_\_ Country: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Year \_\_\_\_\_ Year \_\_\_\_\_ Did you graduate? Yes ☐ No ☐ Qualification/Grade \_\_\_\_\_

College/Uni: \_\_\_\_\_ Country: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Year \_\_\_\_\_ Year \_\_\_\_\_ Did you graduate? Yes ☐ No ☐ Qualification/Grade \_\_\_\_\_

Other: \_\_\_\_\_ Country: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Year \_\_\_\_\_ Year \_\_\_\_\_ Did you graduate? Yes ☐ No ☐ Qualification/Grade \_\_\_\_\_



## Palmstone Care Services

### References

Please give details of **two** references one of which must be work reference (or three character references if unable to provide work reference). We will take up references once you have been interviewed and **provisionally** offered the position. Please make sure that you have given the full contact details of your referees so that this does not delay processing reference requests.

**Please do not put down family members or people you live with as referees.**

Name:		Relationship:	
Address:			Postcode:
Email:		Phone:	

Name:		Relationship:	
Address:			Postcode:
Email:		Phone:	

Name:		Relationship:	
Address:			Postcode:
Email:		Phone:	

### Working Time Regulations

- I. The average is 37.5 hours weekly unless agreed otherwise with Palmstone Care Services.\*
- II. This agreement may be terminated by yourself by giving Palmstone Care Services 4 weeks written notice.

If you accept this proposal, please sign below. This section of the application form will then be a record of this agreement between you and Palmstone Care Services .

*\*The Working Time Regulations 1998 state that you are unable to work in excess of an average of 48 hours per week (calculated over a 17-week period) unless agreed with Palmstone Care Services that this limit should not apply.*

*Applicant's signature				
*Applicant's full name	Title	First	Middle	Last
*Date of signing (dd/mm/yyyy)				

**If you are submitting this form electronically we will accept a typed-in name as a signature.**

## Palmstone Care Services

### Declaration

#### Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

**I agree that Palmstone Care Services can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.**

**I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn, or employment terminated.**

**If you are submitting this form electronically, we will accept a typed-in name as a signature.**

*Applicant's signature				
*Applicant's full name	Title	First	Middle	Last
*Date of signing (dd/mm/yyyy)				

### Equal Employment Opportunities Monitoring Questionnaire

#### Confidential

Palmstone Care Services is an equal opportunities employer and will ensure that no job applicant or employee receives less favourable treatment particularly on the grounds of sex, race, colour, nationality, ethnic origin, marital status, disability, sexuality, age, religious belief, political belief, trade union activity, responsibility for dependants, employment status or HIV status.

Please complete this form and return it with the main Application Form to assist Palmstone Care Services in monitoring its Recruitment and Selection process.

In addition, the information will form part of the employment record for the successful applicant and will be used by Palmstone Care Services for later equal opportunities monitoring purposes throughout the period of employment.

**This form is not made available to those conducting the recruitment interview.**

Sex:	
Marital Status:	
Disability:	Do you consider yourself as having any disability?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnic Origin:	Other: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>