



Christine Marie Care

Quality Care & Professionalism at its best

Christine Marie Care – Application form

PERSONAL DETAILS					
POSITION APPLIED FOR					
(Please tick the relevant box) ✓					
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
First Name			Last Name		Date of Birth
Address			Town		Postcode
Mobile			Home Tel		
Email			Nationality		Visa Status (if applicable)
Please list next of Kin details					
First Name			Last Name		Relationship
Address			Town		Postcode
EDUCATION AND QUALIFICATIONS					
University / College Name	Dates attended (Start date - End date)		Qualification achieved	NVQ Level	

Christine Marie Care
13, William James House
Cowley Road, CB4 0WX

Tel: 01223751362
Email: office@christinemarietcare.co.uk
Website: www.christinemarietcare.co.uk

**EMPLOYMENT HISTORY**

Starting with the most recent first, please list details of your employment going back at least five years, explaining any gaps in employment.

Dates		Name of employer	Position
From:			
To:			
Please list Duties:			
Reason for leaving:			
Dates		Name of employer	Position
From			
To:			
Please list Duties:			
Reason for leaving:			



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PROFESSIONAL REFEREES

Please provide details of two people that have agreed to give character references for you.
Preferably your two last employers.

REFEREE 1		REFEREE 1	
Name		Name	
Position		Position	
Company		Company	
Address		Address	
Tel		Tel	
Email		Email	
Sent		Sent	
Received		Received	

CONVICTIONS / DISQUALIFICATIONS

This position is considered exempt from provisions of the Rehabilitation of Offenders Act 1974, as contained in the Exemptions Amendment 1986. You are required to disclose information concerning all convictions including those, which for other purposes would be regarded as spent under the Act. All information will be treated as confidential and taken into account where the offence is relevant.

Please list below all convictions. Past, current, and pending.

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I certify that the above information is true to the best of my knowledge. I also understand that I will not be allowed to commence work until I hold a current valid DBS check.			
Signed		Date	
Print Name			

HEALTH DECLARATION

This section **MUST** be filled in to help us ascertain areas you would be most suited to work in.
This will not affect your application in general.

Have you ever had in your life any of the following? *(Please tick ✓ the relevant box)*

DESCRIPTION OF ILLNESS	YES	NO	If YES, please give us more information
1 – Any skin condition	<input type="checkbox"/>	<input type="checkbox"/>	
2 – Bronchitis, Pneumonia, Tuberculosis or similar exposure to TB	<input type="checkbox"/>	<input type="checkbox"/>	
3 – Asthma or other allergic conditions	<input type="checkbox"/>	<input type="checkbox"/>	
4 – Heart disease or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
5 – Fits, blackouts or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
6 – Any type of Hepatitis (previous, current or being investigated)	<input type="checkbox"/>	<input type="checkbox"/>	
7– Backache, sciatica or other back or neck pains	<input type="checkbox"/>	<input type="checkbox"/>	
8 – Are you registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>	

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TRAINING

Course	Date Attended	Expiry date
Mandatory training certificate		
Medication Administration		
Additional specialist or complex training:		

EQUAL OPPORTUNITIES MONITORING

WORKING TIME REGULATIONS

I agree with Christine-Marie Care Limited that the limit stated on Regulation 4(1) of the Working Time Regulations 1998, of 48 hours' maximum shall not apply to me. I understand that my hours of work may now exceed those stated in the Working Times Regulations. This agreement shall apply from the date of signing below. I understand that I can terminate this agreement at any time with 4 weeks' written notice. I agree to comply with the policies and procedures of Christine-Marie Care Limited.

Signed		Date	
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DECLARATIONS

I can confirm that I am not under investigation by my employer previous or current. I agree to disclose any future investigations to Christine-Marie Care Limited as soon as possible. I also agree to inform Christine-Marie Care of any criminal investigations against me.

Signed		Date	
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I agree that all information provided by me is true and accurate to the best of my knowledge. I understand that and false or misleading information provided by myself can lead to the termination of my contract. I am permitted to work in the UK. I understand the conditions of the agreement between Christine Marie Care and Carers. I agree to inform the company if I am offered permanent employment by any client I am sent to work at by Christine-Marie Care.

Signed

Date

How did you hear about Christine-Marie

Referred By

You can now either submit this application into

13 Christine-Marie Care

William James House

Cowley Road

Cambridge

CB4 0WX

or

Email it to: office@christinemariecare.co.uk

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