



ELITE CARE SERVICES
 220 VICTORY BUSINESS CENTRE
 SOMMERS ROAD NORTH
 PORTSMOUTH
 HAMPSHIRE
 PO1 1P7

TEL; 02392 756566
 FAX; 02392 822349

E-MAIL; info@elitecare.co.uk
 Web site; www.elitecare.co.uk

APPLICATION FORM; COOK

NAME.....
 ADDRESS
 TEL.....

Mobile tell;.....
 Nationality.....Religion;.....

Age;.....Date of birth.....

Next of kin;.....

Tel; no;.....

N.I. Number.....

Do you have your own transport?.....

.The post applied for requires the employee to work in nursing / care homes,
 a food handling certificate is mandatory. (We can provide training for this)
 And understanding of the needs of the elderly.

Patience and understanding will be of paramount importance, as will
 reliability, and the ability to work on own initiative, and as a team member;
 A C.R.B. (police check)

Is required for this post, (this will be arranged by us)

PREVIOUS EMPLOYMENT;

1) Name of employer.....

Address.....

Tel;..... Start date.....End

date.....
Reason for leaving.....
.....

2) Name of employer.....
.....
Address.....
.....
Tel;..... Start date..... End
date.....
Reason for leaving.....
.....

3) Name of employer.....
.....
Address.....
.....
Tel;..... Start date..... End
date.....
Reason for leaving.....
.....

10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if necessary)

1) Name of employer.....
Address.....
Tel;..... Start date..... End date.....
Job description;.....
Reason for leaving.....

10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if necessary)

1) Name of employer.....
Address.....
Tel;..... Start date..... End date.....
Job description;.....
Reason for leaving.....

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Reason for leaving.....

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1) Name of employer.....
Address.....
Tel;..... Start date.....End date.....
Job description;.....
Reason for leaving.....

10yrs PREVIOUS EMPLOYMENT; including agencies (cont. overleaf if necessary)

1) Name of employer.....
Address.....
Tel;..... Start date.....End date.....
Job description;.....
Reason for leaving.....

MEDICAL QUESTIONNAIRE;

have you ever suffered from any of the following?

Epilepsy	yes no
depression/nervous illness	yes no
heart trouble	yes no
high/low blood pressure	yes no
back problems	yes no
asthma	yes no
other repertory problems	yes no
physical disabilities	yes no
are you registered disabled	yes no

disability number

do you have any eye sight problems yes no

do you wear glasses yes no

contact lenses yes no

Are you diabetic? Yes no

illness associated with or contact with any infectious disease , i.e. m. r. s. a .?

.....
.....

PROCESSED!

1)
Name;.....
.....
business address;.....
.....
.....
tel;..... e-mail.....
POSITION/RANK.....
your position when working there;.....

2)
Name;.....
.....
business address;.....
.....
.....
tel;..... e-mail..... POSITION/RANK
your position when working
there;.....

other qualifications relevant to the post you applied for ?

DECLARATION;

I declare that the above information is correct. I understand that any inaccurate or misleading statements will cause the application to be rejected, and if employed, will lead to immediate dismissal.

I have completed the attached medical form, and I am prepared to undergo a medical examination and tests if required. I consent that I have or am or will undergo a police/C.R.B check. And that I agree to the charges for training.

signed;..... date;...../...../.....
....

Where did you hear about Elite Care Services?.....

#####

for office use only;

Date of interview;
accepted; yes /no
date of commencement;
uniform; yes/no

C.R.B/ FORM COMPLETED

hourly rate; £

interviewed by;.....rank.....

print name;.....

notes;

DOCUMENTS REQUIRED WITH YOUR APPLICATION FORM

THANK YOU FOR REQUESTING AN APPLICATION FORM
FROM ELITE CARE SERVICES;

WHEN YOU RETURN THE FORM, YOU WILL NEED TO PROVIDE;

BIRTH CERTIFICATE OR PASSPORT

PROOF OF ADDRESS

A LETTER FROM THE HOME OFFICE TO CONFIRM THAT YOU ARE
ALLOWED TO WORK FOR AN AGENCY (IF YOU DO NOT HAVE THE VISA IN
YOUR PASSPORT) *NOT APPLICABLE TO THOSE BORN IN U.K.*

A MEDICAL PRACTITIONERS LETTER OF FITNESS TO UNDERTAKE THIS
WORK

A FORM OF DISCLOSURE FOR POLICE CHECKS. (AVAILABLE FROM
THE OFFICE WHEN YOU HAVE YOUR INTERVIEW)

FOR THIS YOU NEED BIRTH/MARRIAGE CERTIFICATE, DRIVING LICENCE,
PASSPORT.
I.D. FOR YOUR ADDRESS.(UTILITY BILL ETC.)

ANY CERTIFICATES OF TRAINING YOU HAVE DONE.

REFERENCES; ONE MUST BE FROM YOUR PREVIOUS EMPLOYER. AND
MUST BE A QUALIFIED PERSON OF A HIGHER RANK THAN YOURSELF.
WITH NURSING OR MEDICAL QUALIFICATIONS OR IN A FIELD OF CARE
WHO ARE ABLE TO COMMENT ON THE ABILITY AND WORK EXPERIENCE
OF THE APPLICANT ,REFERENCE FROM YOUR CURRENT PLACE OF WORK IS
IDEAL, BUT ONE FROM A RECENT PREVIOUS WORK PLACE IS ALSO
ACCEPTABLE. ALL REFEREES MUST BE IN A SENIOR
POSITION AND THEIR JOB TITLE KNOWN.

WE MUST HAVE A WORK HISTORY OF THE LAST 10 YEARS, INCLUDING DATES, REASON FOR LEAVING, AND ANY BREAKS IN WORK HISTORY.

COMPANY POLICY IS THAT YOU;
HAVE ALL THESE DOCUMENTS AVAILABLE BEFORE
INTERVIEW
YOU WILL NOT BE EMPLOYED UNTIL YOUR
REFERENCES HAVE BEEN CHECKED

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