



**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](mailto:info@elitecare.co.uk)  
 Web site; [www.elitecare.co.uk](http://www.elitecare.co.uk)

**APPLICATION FORM; CARE ASSISTANT/DOMESTIC** (please delete as req.)

**NAME** .....

**ADDRESS** .....

**POST CODE**.....

**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 Homes, Rest Homes .and with learning disabilities

Patience and understanding will be of paramount importance, as will **reliability**, and the ability to work on own initiative, *and* as a team member;

**PREVIOUS EMPLOYMENT;**

1) **Name of employer**.....

**Address**.....

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

**Job description;**.....

**Reason for leaving**.....

2) **Name of employer**.....

**Address**.....

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

**Reason for leaving**.....

**Job description;**.....

**Reason for leaving**.....



you are required to submit certificates or other proof of these immunizations./tests  
other comments;

**Name of your own doctor:**.....

**Address:**.....

.....

**Tel no:**.....

**I declare that I have answered the questions on this form honestly and truthfully to the best of my knowledge and agree to inform Elite Care Services if a medical problem becomes known to me after I have been accepted for employment and during my employment.**

**Signed**.....**date**.....

Because of the nature of the work for which you have applied, this post is exempt from the rehabilitation of offenders act 1974 {exemptions} order 1975.  
You are therefore not entitled to withhold information about convictions, any information given will be kept in strict confidence. “ Have you ever been convicted of a criminal offence?” {including spent convictions} **Yes/ no**  
If yes, please give details:

I confirm that this statement is true and correct to the best of my knowledge,  
signed:.....

**You will also be asked to fill in a police disclosure form.**

Training will be part of requirements for employment;. If you leave within 6 Months of commencement of work  
You will be charged for the training you have received.  
If you do the training and do not commence work you will be sent a bill for the training.

I agree to the above statement regarding training.

Signed;.....

Date; ...../...../2005

**THERE WILL BE A PROBATIONARY PERIOD OF THREE MONTHS, SUBJECT TO SATISFACTORY REFERENCES, WORK PERMITS. HOLDERS ARE NOT PERMITTED TO WORK FOR AGENCIES.**

REFERENCES; (ONE OF THESE REFEREES **MUST** BE AN EX, OR CURRENT EMPLOYER)

you are required to submit **TWO** references, one of which **MUST** be your most recent employer. and must be in ENGLAND, WITH FULL NAME AND ADDRESS. AND RANK OF REFEREE. **WE CANNOT ACCEPT REFERENCES FROM OUR OWN STAFF OR FROM ANOTHER COUNTRY!**  
**IF YOU DO NOT SUPPLY THE CORRECT REFERENCES THEY WILL NOT**

**BE PROCESSED!**

1)  
Name;.....

.....  
**business**  
address;.....

....  
.....  
tel;.....email.....

.....  
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**

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