



CARE STAFF APPLICATION FORM

Please complete the application form **FULLY & IN BLACK INK.**

On completion please return to:

Evoo HealthCare
 376 Newport Road
 Cardiff
 Vale of Glamorgan
 Wales
 CF23 9AE

Position Applied For:	
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Approx. number of hours wanted:	
Full-time/Part-time:	
Surname:	
First Name(s):	
Previous Surnames:	
Address (Inc. Postcode):	
Contact Telephone Numbers:	
Email Address (optional):	
School Attended, Dates & Qualifications Gained:	



Employer:	
Nature of Business:	
Position Held:	
Reason for Leaving:	
2. Dates Employed (to & from):	
Name & Address of Employer:	
Nature of Business:	
Position Held:	
Reason for Leaving:	
3. Dates Employed (to & from):	
Name & Address of Employer:	
Nature of Business:	
Position Held:	
Reason for Leaving:	
	Please continue on an additional sheet if necessary. Add any details of relevant experience that you have from the



	work, voluntary or charity situations.	
	Do you require us to make any special arrangement in order for you to participate in the recruitment process?	
	Yes	No
	Any offer of employment may be made subject to a satisfactory medical report (please note your GP will NOT be contacted without your pre-agreed permission)	
G.P. Name:		
G.P. Address:		
G.P. Tel No:		
	Please provide details of your next of kin	
Full Name:		
Relationship to you:		
Address:		
Tel No:		
	Please provide your National Insurance Number	
N.I. Number:		
	Capacity to Work in the UK	
Are there any restrictions to your residence in the UK which might affect your right to take employment in the UK?	YES/NO (please delete as appropriate)	



If YES, please provide details:	
If you are successful in the application would you require a permit to work before taking up employment?	YES/NO (please delete as appropriate)
REFEREES	You must provide reference from your current (most recent employer), plus an additional character reference. All referees will be contacted, so please make them aware of this.
Current or Most Recent Employer:	
Name:	
Address (Inc. postcode)	
Tel No & Email Address (where applicable)	
Job Title:	
Previous Employer (to the one above):	
Name:	
Address (Inc. postcode)	
Tel No & Email Address (where applicable)	
Job Title:	
Character Reference	
Name:	
Address (Inc. postcode):	



Tel No & Email Address (where applicable):	
Relationship to You:	

CRIMINAL RECORD

All employees of Evoo Healthcare are subject to the Care Standards Act 2000, and WILL be subject to an Enhanced Police Record Check through the DBS. Please declare ALL criminal convictions, whether spent or not, charges, whether proceeded with or not and warnings and cautions.

You will NOT be eligible for appointment by Evoo Healthcare if you are on the DBS register(s).

Please declare all criminal convictions, whether spent or not, whether proceeded with or not and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer.

By my signature I authorise the organisation to request a DBS Register check and an Enhanced Criminal Records Check from the DBS, on my initial employment and



any time during my employment thereafter. I undertake to inform my employer IMMEDIATELY if my DBS register status or criminal status changes at anytime during my employment, such as being charged with an offence, the administration of a warning, criminal conviction, referral to any register of barred care worker or withdrawal of any registration required by my employment status.

Signed: _____ **Date:** _____