



ELDERFLOWER HOMECARE

Part of Saynorcare Ltd.

APPLICATION FORM

Surname:	First Name:
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Address:

Tel: (home)	Tel: (work)	e-mail (personal)
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Position applied for:
Homecare and rehabilitation Assistant

Education

Dates		Name of Secondary School, college or university	Main subjects taken	Qualifications
From	To			

Specialised training received

Other qualifications and skills (including languages, keyboard skill, current driving licence, etc)

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Employment history

(give details of all positions held since completing full-time education, start with your present or most recent position and work back)

Dates		Name of employer, address and nature of business including any service in the armed forces	Position and summary of main duties	Starting and leaving rate of pay	Reasons for leaving or wanting to leave
From	To				

Supporting statement

(please provide details of skills, knowledge and achievements which you feel are relevant to you application)

Period of notice in current employment?

Have you any holiday booked: Yes/No

If YES give dates

References

(please provide details of two referees including current/last employer)

Contact details reference 1

Contact details reference 2

Telephone:

Telephone:

Can we take up this reference before an offer is made?

Can we take up this reference before an offer is made?

YES/NO

YES/NO

DISABILITY DISCRIMINATION

The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

The list below contains examples of the types of impairment:

- Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
- Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment.
- Mental health condition, such as depression or schizophrenia.
- Learning disability such as dyslexia or cognitive impairment such as autism.
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- Other, such as disfigurement.

Do you consider yourself to be disabled?

Yes No

If you have answered YES do you require any particular facilities or adjustments to assist you:

A. To attend the interview?

Yes No

If YES please provide details:

B. If you are offered employment?

Yes No

If YES please provide details:

DECLARATION

I certify that all the information contained in this form and any attachments is true and accurate and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal, without notice.

Signed

Date

Skills For care Limited is registered under the Data Protection Act to hold information about employees. The information provided on this form will be used as part of our selection process and will be retained for a period after the selection process has been completed.