

**Please complete form using CAPITAL LETTERS ensuring all sections relevant to you are filled out. Please note, according to the Data Protection Act 1984 you have the right of access to information we may store about you on our database.**

**Should you wish to return the application form via post, please address it to:  
 Care Solutions Direct Ltd, Salisbury Hoouse, Vernon Walk, Southampton, SO15 2EJ**

APPLICANT INFORMATION				
<b>Title:</b> <i>(Mr, Mrs, Miss,</i>		<b>First Name:</b>		<b>Last Name:</b>
Street Number				
City / Town:			Postcode:	
Contact Number:			E-mail Address:	
Date of Birth:			Place of birth:	
Nationality:			Passport No: NI No.:	
Are you a citizen of the United Kingdom?		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	If no, are you authorized to work in the UK?
VISA status:				VISA / ID Number:
Have you ever worked for this company?		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	If so, when?
Have you ever been convicted of any offence?		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	If yes, briefly explain:
Do you Drive?		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	
QUALIFICATIONS AND TRAINING				
<b><i>Please give details of any training courses completed starting with the most current</i></b>				
Type of qualification / training:	Provider:	Date Completed:	Expiry Date:	



**PREVIOUS EMPLOYMENT**

*Please give details of your employment history for the last 3 years starting with the most current*

<b>Company:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Supervisor:</b>	
<b>Job Title:</b>		<b>Salary / Rate:</b>	
<b>Responsibilities:</b>			
<b>Reason for Leaving:</b>			
<b>May we contact this supervisor for a reference?</b>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

<b>Company:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Supervisor:</b>	
<b>Job Title:</b>		<b>Salary / Rate:</b>	
<b>Responsibilities:</b>			
<b>Reason for Leaving:</b>			
<b>May we contact this supervisor for a reference?</b>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

<b>Company:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Supervisor:</b>	
<b>Job Title:</b>		<b>Salary / Rate:</b>	
<b>Responsibilities:</b>			
<b>Reason for Leaving:</b>			
<b>May we contact this supervisor for a reference?</b>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

<b>Company:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Supervisor:</b>	
<b>Job Title:</b>		<b>Salary / Rate:</b>	
<b>Responsibilities:</b>			
<b>Reason for Leaving:</b>			

**HEALTH DECLARATION**

*If the answer is yes to any of the questions below, please give full details in the spaces provided, including duration and outcome of the illness or condition. If Care Solutions Direct Ltd has concerns about your fitness to work, any offer of membership maybe subject to a satisfactory Medical Report.*

Description	Y	N	Comments
Any illness or medical condition that made you absent from work or your normal duties for one week or more in the past year?			
Any reason to believe you may be infected by any communicable disease?			
Any other medical condition that may affect your performance at work?			
Any physical disabilities including defective sight or hearing?			
Tuberculosis, Asthma, Bronchitis or Chest pains?			
Heart condition or raised blood pressure?			
Blackout fits or attacks of giddiness?			
Typhoid, Paratyphoid or Dysentery?			
Any other accident or operation?			
Bladder or Kidney trouble?			
Rheumatism or Arthritis?			
Varicose Veins?			
Do you smoke?			
Back trouble?			

Alcohol Consumption - How many units of alcohol do you drink per week? .....

Note: 1 unit = half pint of beer/ 1 small glass of wine/ 1 std measure of Whisky

**VACCINATIONS AND IMMUNISATION**

*Please give dates were possible*

Rubella (German Measles) .....	Diphtheria Schick test .....
Last Chest X-Ray.....	Poliomyelitis .....
Tuberculosis .....	Hepatitis B.....
Tetanus .....	



EMERGENCY CONTACT DETAILS	
<b>Next of Kin (NOK) name:</b>	
<b>NOK Relationship:</b>	
<b>NOK Telephone number:</b>	
<b>NOK Email address:</b>	

DISCLOSURE AND BARRING SERVICE (DBS)			
<b>Do you have an online DBS?</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>DBS number:</b>
<b>DBS Issue date:</b>			

BANK ACCOUNT DETAILS			
<b>Name of Bank:</b>			
<b>Branch:</b>			
<b>Name on Account:</b>			
<b>Account Number:</b>		<b>Sort code:</b>	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I fully understand that should Care Solutions Direct Ltd (CSD) offer an introduction of a client and I accept such an introduction, I accept that CSD is providing its services as an agent. In signing this disclaimer, I understand that neither CSD nor its employees hold any responsibility or liability whatsoever for services I provide nor the consequences of the provision of such services, including personal accident, damage to clients' property etc.</p> <p>I declare that the information is true and I understand that any false or misleading information may result in my removal from CSD register of names. I have read and agreed to abide and be bound by the conditions of this CSD.</p>	
<b>Signature:</b>	<b>Date:</b>