

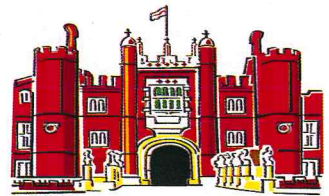
Castle Health Limited

36A Woodville Road, Cathays, Cardiff, CF24 4EB

Telephone: 029 2022 0177 Fax – 029 2066 4331

Company Registered in England & Wales No: 6100679 Registered with CSSIW No: W010000830

Email – office@castlehealthltd.com website – www.castlehealthltd.com



Staff Application Form

WE
WILL
AFFIX
PHOTOGRAPH

Surname.....

Forename(s).....

Castle Health Employee Number

RN1

RMN

RN1/RMN

HCA

DRIVER

(please circle only one of the above)

Please complete in **BLOCK** letters using a **BLACK** biro

Please ensure **EVERY** line is **COMPLETED**.

PLEASE ENSURE THAT YOU AFFIX THE CORRECT POSTAGE , IF YOU FAIL TO DO SO THE APPLICATION WILL NOT BE ACCEPTED BY US .

PROFESSIONAL

Work Permit Number.....

N. I Number / / /

Current U.K Driving Licence YES / NO If yes please enter below

Driving Licence Number..... / /

P I N

Date of Registration..... / / 20.....

P I N Expiry Date..... / / 20.....

C R B Number.....

C R B Expiry Date..... / / 20.....

POSITION APPLIED FOR

RN1 RMN RN1/RMN Care Assistant Driver

Current Employers

Name.....

Address.....

.....

County..... **Postcode**.....

STATUS Active Suspended Resigned Terminated Retired

RESIDENTIAL ADDRESSES FOR THE LAST 5 YEARS

(all dates **must** run consecutively, **NO** gaps)

No..... Street.....

Area..... Town:

County:..... Postcode:.....

Date moved into this address:/...../ 20.....

Date vacated this address:/...../ 20.....

No..... Street.....

Area..... Town:

County:..... Postcode:.....

Date moved into this address:/...../ 20.....

Date vacated this address:/...../ 20.....

No..... Street.....

Area..... Town:

County:..... Postcode:.....

Date moved into this address:/...../ 20.....

Date vacated this address:/...../ 20.....

No..... Street.....

Area..... Town:

County:..... Postcode:.....

Date moved into this address:/...../ 20.....

Date vacated this address:/...../ 20.....

DECLARATION OF HEALTH – CONFIDENTIAL QUESTIONNAIRE

This form is about you. Please complete the questions as honestly as possible as this will help us ensure your safety in the workplace.

GP's Name.....

Address.....

Town..... Postcode

Telephone Number (including STD).....

Do you have any medical conditions which could affect your ability to work in your profession? YES / NO If yes, please give details

.....
.....

Please indicate in the space provided if you have suffered from any of the following:

Raised Blood Pressure ? YES / NO If yes, please give details

.....

Chest Conditions i.e Asthma, Bronchitis? YES / NO if yes, please give details

.....

Diabetes? YES / NO If yes , please give details

.....

Epilepsy, frequent fainting attacks? YES / NO If yes, please give details

.....

Dermatitis, Psoriasis, Eczema? YES / NO If yes, please give details

.....

Hepatitis, Jaundice? YES / NO If yes, please give details

.....

Back pain or deformity? YES / NO if yes, please give details

.....

Do you wear glasses or contact lenses? YES / NO If yes, please give details

.....

Are you colour blind? YES / NO please give details

.....

Have you had a chest X-Ray? YES / NO If yes , please give details

.....

IMMUNISATIONS

Tuberculosis, including BCG YES / NO If yes give date//

Rubella (German Measles) YES / NO if yes give date//

Poliomyelitis YES / NO if yes give date//

Tetanus YES / NO if yes give date//

Hepatitis B YES / NO if yes give date //

Have you had Chicken Pox YES / NO if yes give date / /

Please give your weightStonepounds, orkilos

Please give your heightFeetinches, orcentimetres

Do you give us permission to contact your G.P if necessary ?

YES / NO

I declare that all the statements are true and complete to the best of my knowledge.

.....
(print full name)

.....
(Signature)

Date/...../ 20.....

REFEREES

Please give the name of **THREE** referees (**not relatives**) who can be contacted by Email or Fax if possible). **The first one must be from your most recent or current post.**

You will need to chase up your referees to complete the reference form as soon as possible in order to get your interview quicker.

1 – Name.....
Address.....
Town..... Postcode
Mobile..... Landline
Fax No: E-Mail:.....
Position Held.....
Length of time they have known you.....yearsMonth
Authenticated by:..... on // 20.....

2 – Name.....
Address.....
Town..... Postcode
Mobile..... Landline
Fax No: E-Mail:.....
Position Held.....
Length of time they have known you.....yearsMonth
Authenticated by:..... on // 20.....

3 –Name.....
Address.....
Town..... Postcode
Mobile..... Landline
Fax No: E-Mail:.....
Position Held.....
Length of time they have known you.....yearsMonth
Authenticated by:..... on // 20.....

FULL WORKING HISTORY

LIST ALL EMPLOYMENT AND GAPS BETWEEN POSTS

IF THIS PAGE IS NOT COMPLETED FULLY THIS APPLICATION
WILL NOT BE CONSIDERED ANY FURTHER.

| Place of employment/ unemployment/ holidays/ long term sickness . etc. | Position held And grade | Date Started | Date Finished | Reason for leaving |
|---|----------------------------|-----------------|------------------|-----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

FULL WORKING HISTORY

LIST ALL EMPLOYMENT AND GAPS BETWEEN POSTS

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| Place of employment/ unemployment/ holidays/ long term sickness . etc. | Position held And grade | Date Started | Date Finished | Reason for leaving |
|---|----------------------------|-----------------|------------------|-----------------------|
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

PERSONAL DETAILS

My Ethnic background is:- (please circle appropriately)

Asian or Asian British:

INDIAN PAKISTANI BANGLADESHI OTHER ASIAN BACKGROUND

Mixed:

WHITE & BLACK CARIBBEAN WHITE & BLACK AFRICAN
WHITE ASIAN OTHER MIXED BACKGROUND

Black or Black British:

CARIBBEAN AFRICAN OTHER BLACK BACKGROUND

White:

BRITISH IRISH OTHER WHITE BACKGROUND

Chinese: **Other background (Please specify below)**

.....

My Sex is: **MALE** **FEMALE**
My Age is: **20-29** **30-39** **40-49**
 50-59 **60+**

Would you describe yourself as having a disability? YES / NO

Are you registered disabled? YES / NO

EMPLOYMENT EQUALITY (AGE) REGULATIONS 2006

Sex: Male Female

Date of Birth: /...../.....

Age:

Designation : RN1 RMN RN1 / RMN HCA DRIVER

.....

How did you find out about this Agency :

1. Current Staff recommendation: Name.....
2. Job Seekers, On-line
3. Local Advertisement (where).....
4. Other (please state).....