

Landsker Child Care
Application for Employment

Personal Circumstances

Position applied for	
Name	
Nationality	
National Insurance No	
Address	
Post Code	
Telephone No	
Mobile No	
How did you hear about us?	

Activities and Interests

What clubs, societies, organisations do you belong to?	
Any positions of responsibility?	
If you had more time / money, what hobbies would you like to take up?	

Education & Training

Schools attended from age 11	
Examination results	
Further education colleges	
Qualifications, including vocational training	
Are you registered with the Care Council for Wales? Please provide your registration number.	

Work Experience

Please provide full details of your employment for the past 10 years. List and account for any gaps in employment.

Employer	
Position	
Address	
Salary	
Reason for leaving	
Dates	

Employer	
Position	
Address	
Salary	
Reason for leaving	
Dates	

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Position	
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Health & Fitness for Work

Please provide details of any disability or injury, which may affect your ability to work.	
Please give details of any injury you have suffered whilst at work.	
Are you receiving physiotherapy or similar treatments?	
Are you being prescribed any form of medicine or drugs?	
Have you had any time off for stress or stress related illnesses in the past 10 years? Please provide details.	
How many absence days off have you had in the past 12 months?	
Do you smoke?	
Are you registered disabled?	
Are you colour blind?	

For CRB checks, we require your addresses for the last 5 years

Address	
Post Code	
Date from	mm/yr
Date to	mm/yr

Address	
Post Code	
Date from	mm/yr
Date to	mm/yr

Address	
Post Code	
Date from	mm/yr
Date to	mm/yr

Address	
Post Code	
Date from	mm/yr
Date to	mm/yr

Address	
Post Code	
Date from	mm/yr
Date to	mm/yr

Address	
Post Code	
Date from	mm/yr
Date to	mm/yr

Other Matters

Do you have a current full driving licence?	
What is your notice period?	
Do you have any holiday commitments?	
Are there any other key factors that may affect your regular attendance at work?	

Offending History

Have you ever been convicted of a criminal offence, had a caution, reprimand, or a police investigation that may raise questions as to your suitability? Please provide details.	
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(You do not have to declare any spent convictions as defined under the Rehabilitation of Offenders Act 1970).

Please note that any offer of employment will be subject to a full disclosure via the Criminal Records Bureau.

References

Please provide details of 3 people we can contact for a reference, including a previous employer where possible.

Name	
Address	
Telephone No	
Telephone check	

Name	
Address	
Telephone No	
Telephone check	

Name	
Address	
Telephone No	
Telephone check	

Please list below any Care Homes that you have worked in with their contact details. We reserve the right to take up references from any or all of these homes.

Care Home	Address / Telephone number

Landsker Child Care
Health Screening Check

Name : _____

Date of Birth : _____

Sex : _____

Name of G.P. : _____

Address : _____

Tel No : _____

Next of Kin : _____

Relationship : _____

Address : _____

Tel No. : _____

Details of previous serious illnesses, injuries & allergies :

Details of any regular prescriptions :

Inoculations :

Tetanus	Date :	Tuberculosis	Date :
Hepatitis B	Date :	Diphtheria	Date :
Rubella	Date :	Polio	Date :
Whooping Cough	Date :	Measles	Date :
Mumps	Date :		

It is strongly recommended that all inoculations are up to date to protect you from any unnecessary risk.

I agree the above statement is a true and accurate record. Please note any falsification may effect your employment rights.

Signed : _____

Date : _____