

APPLICATION FORM TO REGISTER WITH PASS

All information on this application form will be stored either as a paper file or electronically in line with the Data Protection Act 1998.

Care4all have the right to remove you from our Register at any time without prior notice, should this happen, any personal information we hold about you will be destroyed in line with the Data Protection Act 1998.

You should be aware that all the information on this application form will also be forwarded to prospective employers who have requested Care4all to help find a Personal Assistant.

Title: Mr/Mrs/Ms/Miss/Other: _____ Surname: _____

Forenames: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: ____/____/____

Are you a smoker? YES / NO (Please circle which applies)

Do you hold a full UK driving license? YES / NO

Do you have any endorsements? YES / NO
(If yes please specify)

Do you have access to a car? YES / NO

Have you got a recent DBS disclosure? YES / NO

(If yes, please specify the date you received this) ____/____/____

Please list any education / training you are currently taking or have undertaken which you feel is relevant to this work. (please complete on a separate sheet of paper if necessary)

COURSE	DATES	DETAILS

Present employment details (paid or unpaid)

Employers name and address:

Duties / Responsibilities:

Please list all previous employment (paid or unpaid). Please complete on a separate sheet of paper if necessary.

EMPLOYER	DATES	DUTIES / RESPONSIBILITIES

Please describe any hobbies or interests you have:

Do you have any impairment or health problems that may affect your ability to do certain types of work? (This will not prevent you from being registered with PASS)

Please say why you would like to register as a personal assistant stating any personal attributes you may have:

REFERENCES

Please give the details of two people that can provide confirmation of your suitability for the post you have applied for. They should be two people who know you in a professional capacity. We will not contact these people without asking for your permission first.

NAME :	POSITION :
ADDRESS :	
TELEPHONE :	
CAPACITY IN WHICH KNOWN TO YOU :	
NAME :	POSITION :
ADDRESS :	
TELEPHONE :	
CAPACITY IN WHICH KNOWN TO YOU :	

APPLICATION FOR EMPLOYMENT

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations and activities. The position for which you are applying is exempted under the Rehabilitation of Offenders Act. It is necessary therefore, for you to disclose any criminal convictions, even if, under the Act, they would otherwise be regarded as 'spent'. Please be aware that in the event it is discovered that any criminal convictions have not been stated or any misleading information is provided this could lead to dismissal.

Have you been convicted of any criminal offence at any time? YES / NO

IF YES, please give details of the conviction(s) and the date(s) :

DECLARATION

I certify that all the information given on this form is correct to the best of my knowledge. If registered, I understand that, if I am employed and it later becomes apparent that the information I have supplied is not accurate, this could lead to my dismissal. I also understand that this form may be computerised, in accordance with the Data Protection Act 1998, for the purposes of operating the Personal Assistant Register.

PRINT NAME _____ SIGNATURE _____

DATE ___/___/___