

# Completely Care Ltd

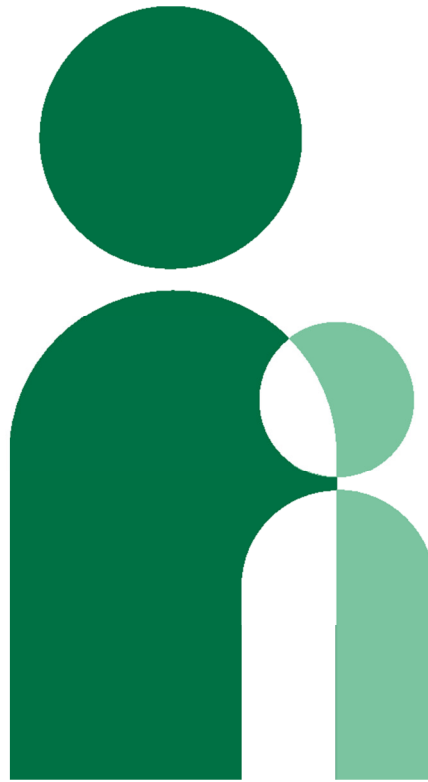
## Application Form

Please complete the form below and call us to arrange an appointment.

**Tel: 01865 727 751**

### What to bring with you:

- Your passport and UK driving licence
- Work permit (if applicable)
- NI number card or a recent tax document e.g. P45
- Current enhanced DBS check if available
- Documentation to account for any gaps in your employment history
- A Passport photo (or if you prefer you can provide a digital one)
- Course training certificates
- Bank account details
- Proof of address eg: a bank statement/utility bill dated within the last three months
- Address history for last five years
- Minimum of two referees (one must be your current employer)
- £44 - payment for your CRB check.
- If you have lived abroad for 3 months or more in the last 5 years, then you will also need to provide a police check or record check from that country.



## Our promise to you

Best possible rates of pay

Holiday pay

Flexibility to work when you want

Expert induction training

Free uniform if needed

Highly committed staff team

Consistent, regular work



# Completely Care

First Floor • Enterprise House • 53a West Way • Botley • Oxford • OX2 0JE

Tel: (01865) 727 751 • Fax: (01865) 727 439

[www.completelycare.co.uk](http://www.completelycare.co.uk)

Forename: \_\_\_\_\_ Title: \_\_\_\_\_

Surname: \_\_\_\_\_

Have you ever been known by another name?  
 (If so, specify and include the date your name changed)

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_  
 (Req'd in accordance with the Employment Agencies Act)

National Insurance No: \_\_\_\_\_

Do you hold a full UK Driving Licence? \_\_\_\_\_ Yes / No

Do you have regular use of a car? \_\_\_\_\_ Yes / No

Permanent Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Next of kin name: \_\_\_\_\_

Next of kin address: \_\_\_\_\_

Next of kin telephone: \_\_\_\_\_

<u>Qualifications and Training</u>	
Qualification:	Date:
Training Undertaken:	Date:

To be completed by non EC nationals only:

Date of entry into the UK: \_\_\_\_\_

Do you require a Work Permit? \_\_\_\_\_

Where did you hear about Completely Care?

Press Advert?.....

Website?.....

Job centre?.....

Recommendation? .....

Other?.....

Education

Name of school / College / University	Subject	Grade	Date

References

Dates: from ..... to..... Company name: Contact Name: Tel no: Address Email:	In what capacity is this person known to you? (For example previous employer, college tutor etc.)
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Employment history

Have you ever been the subject of complaint, dismissal or disciplinary proceedings? Yes / No

Please provide your full employment history, starting with your most recent role along with a brief outline of your main duties. Please account for any gaps in your employment history.

Completely Care Ltd reserves the right to contact previous employers in order to assess your suitability to work with us and also to verify your work history.

Dates: from ..... to..... Company name: Your job title: Contact Name: Tel no: Address	Please outline the main duties of your role:      Reason for leaving?
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