



**Ashley House Business Centre.**  
**235-239 High Road,**  
**Wood Green**  
**N22 8HF**  
 Tel: [02080045433](tel:02080045433)  
 Mob: **07966019791**  
 Email: [info@nissihomecare.com](mailto:info@nissihomecare.com)  
 Web: [www.nissihomecare.com](http://www.nissihomecare.com)

### Application for Employment

This form can be completed and returned via email to [recruitment@nissihomecare.com](mailto:recruitment@nissihomecare.com) Please ensure you write clearly and in capitals. Please note that if you wish to email the form to us, you will need to print and scan it, as it must contain your signature. If returning by post, please send the complete form to: Recruitment, Nissi Homecare Ltd, 235-239 High Road, Wood Green, London N22 8HF

Position Applied For:
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#### PERSONAL DETAILS

First Name:									
Last Name:									
Date of Birth									
Address									
Postcode									
Main Telephone.									
Mobile.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Next of Kin:</td> <td></td> </tr> <tr> <td>Relationship</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Tel.</td> <td></td> </tr> </table>	Next of Kin:		Relationship		Address		Tel.		
Next of Kin:									
Relationship									
Address									
Tel.									
Do you require a work permit to work in the UK?	Yes / No								
If yes, what type of visa?	Indefinite, Spousal visa, Temporal work permit, Other								
Do you have a current, full UK driving licence?									
If yes, do you currently own a car you could use for work?									

National Insurance Number	
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What languages do you speak and/or read?	
How did you hear about us?	
<b>BANK DETAILS</b>	
<b>Name of bank</b>	
<b>Account Name</b>	
<b>Sort Code</b>	
<b>Account number</b>	

**SECONDARY EDUCATION**

School name and address	Results achieved

**FURTHER/HIGHER EDUCATION**

College/university name and address	Subjects and results achieved

**OTHER/PROFESSIONAL QUALIFICATIONS**

College/institute name and address	Subjects and results achieved

## FULL EMPLOYMENT HISTORY

We are required to have a full employment history and details of any gaps in employment. We cannot offer employment without a complete history. If there is not enough room, please attach further information on a separate sheet

Employer name and address	Dates from - to	Position held	Reason for leaving

## GENERAL

Why do you want to be a care worker?	
What qualities do you have that would make you a good care worker?	
What hobbies and interests do you have?	

## PROTECTION OF VULNERABLE ADULTS.

### THIS SECTION MUST BE COMPLETED IN FULL

Please note that because of the nature of the work for which you are applying, if you are selected for the post you will be required to have a satisfactory DBS enhanced disclosure prior to your appointment being confirmed. Please note that this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 and therefore you are required to declare convictions which are otherwise "spent". A criminal record will not necessarily be a bar to employment.

<b>Do you have any convictions, cautions reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?</b>	Yes / No
<b>If yes, please give details, including dates, the offence and any penalties</b>	
<b>Have you ever been the subject of an investigation or enquiry into abuse or any other inappropriate behaviour, or is there any other reason why you would be unsuitable to work with vulnerable adults or children?</b>	Yes / No
<b>If yes, please give details including dates and outcomes.</b>	

## REFERENCES

Please give the name of two referees below, one of which must be your current or most recent employer. Referees cannot be related to you through family or marriage.

<b>Referee Name.</b>	
<b>Company Name.</b>	
<b>Address.</b>	
<b>Postcode.</b>	
<b>Telephone</b>	

E-Mail Address	

Referee Name.	
Company Name.	
Address	
Postcode	
Telephone	
E-Mail Address	

**DECLARATION**

I declare that, to the best of my knowledge and belief, the information given is true and I understand that employment will be considered subject to the being correct.

I confirm that I am aware that a work status check may be carried out and I give my permission for my personal information to be shared with the UK Border Agency for this purpose. I understand that these details may then be held by the UKBA.

Signature.	
Date.	

If you have any questions about this form or require any help in completing it, please call our Recruitment Department on 020 80045433 or e-mail us at [recruitment@nissihomecare.com](mailto:recruitment@nissihomecare.com)