



50 St Margarets Road
 Edgware, Middlesex
 HA8 9UU
 Tel: 020 8829 9812
 Email: admin@glowdomcare.com
 Website: www.glowdomcare.com

APPLICATION FORM

Position:

Location of Vacancy:

CONTACT INFORMATION																						
Full Name:		Availability to work:	Current Address:																			
		<input type="checkbox"/> Full Time																				
Telephone:		<input type="checkbox"/> Part Time																				
Mobile:		<input type="checkbox"/> Days																				
Email:		<input type="checkbox"/> Nights																				
		<input type="checkbox"/> Evening																				
National Insurance Number:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					<input type="checkbox"/> Weekends

FULL EDUCATION & TRAINING				
Name of School/College	From	To	Qualifications	Grade

FULL WORK HISTORY (START WITH MOST RECENT)

Company name		Company name	
Dates Employed (<i>from/to</i>)		Dates Employed (<i>from/to</i>)	
Role		Role	
Reason for leaving		Reason for leaving	
Company name		Company name	
Dates Employed (<i>from/to</i>)		Dates Employed (<i>from/to</i>)	
Role		Role	
Reason for leaving		Reason for leaving	
Company name		Company name	
Dates Employed (<i>from/to</i>)		Dates Employed (<i>from/to</i>)	
Role		Role	
Reason for leaving		Reason for leaving	

SUPPORTING INFORMATION

Why would you be the best person for this role? Please summarize below

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FURTHER INFORMATION

If you are registered with a relevant professional body (e.g. NMC) please provide your registration details	Body Number:	Expiry Date:
GSCC/ SSSC Registration Complete?		

Do you hold a current valid driving license		
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REFERENCES

Company (present or most recent)		Company / Character	
Managers name:		Managers Name	
Email		Email	
Address		Address	
Telephone		Telephone	

DISCLOSURE OF CRIMINAL HISTORY

At Flow Healthcare Ltd we support vulnerable people and are required to conduct enhanced disclosure checks. Anything that appears on a Disclosure check will be risk assessed based on the role that you are applying for.

Do you have any unspent or spent convictions, cautions, reprimands, warnings or Bind Over orders that will appear on a Disclosure check; are subject to ongoing police or regulatory investigation or proceedings, or been disqualified from professional practice?	Yes/ No	Please provide full details

Please confirm that you understand that Flow Healthcare Ltd will only appoint applicants who can demonstrate legality to live and work in the UK, as defined by the UK border agency? (please tick)

YES	NO
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EMERGENCY DETAILS

Next of KIN		
Relationship		
Address		
Telephone Number		

WORKING TIME REGULATIONS - OPT OUT SECTION

Please sign and date the relevant statement(s) below and return this form to Flowhealthcare.

I agree to work in excess of 48 hours on average per week, and will give 1 month notice in writing to the Flowhealthcare Management if I no longer wish to work this number of hours.

Signed Date

Please Print Name

More than one contract of employment with separate employers: The Working Time Regulations require that an individual must agree in writing if they work for two separate employers and want to work more than 48 hours per week

I agree to work in excess of 48 hours on average per week, and will inform Flowhealthcare Management if there is any deviation in the number of hours a week I work.

Signed Date

Please Print Name

More than one contract of employment with Flowhealthcare: The Working Time Regulations require that an individual must agree in writing if they have more than one contract with the same employer and therefore work more than 48 hours per week.

I agree to work in excess of 48 hours on average per week, which takes into account the contracts of employment I have with Flowhealthcare.

Signed Date

CANDIDATE DECLARATION

I confirm that the information provided is a true record. I consent to the company checking any information provided on this application form, which may include contacting places I have worked and/ or other referee information supplied, post a verbal offer of work.

Print Name	
Signature	
Date	