



APPLICATION FORM

Prime Care Support
21-23 Princes Street
Dunstable
Bedfordshire
LU6 3AS
Tel: 01582 601501
Fax: 01582 601502

Date: / /

Post for which you are applying for: Where did you hear about this vacancy?
If you heard about this position through a current employee, please supply us with their name:

PERSONAL DETAILS

Tick one: Mr Mrs Miss	FORENAMES:	SURNAME:
Have you ever been known by another name:		Date of Birth: / /
Permanent Address:		
Postcode:	Email:	
Telephone (Home):	Mobile:	
National Insurance No:	Work Permit Valid Until:	
Do you hold a full (UK) Driving Licence: Yes No	Do you have any endorsements: Yes No	
Have you ever been convicted of a criminal offence, cautioned, sentenced, reprimanded or given a final warning by the police? Yes No		
Place of Birth:	Ethnicity:	

FULL EMPLOYMENT HISTORY IN THE LAST 10 YEARS (RECENT/CURRENT FIRST) PLEASE DETAIL ANY GAPS IN EMPLOYMENT HISTORY (HOUSEWIFE/STUDY/MATERNITY LEAVE)

Name & Address of present/previous Employer:	Employed From: / /	To: / /
Brief summary of position and duties:		
Pay Rate/Salary:	Reason for leaving:	

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PLEASE MAKE SURE YOU HAVE COMPLETED 10 YEARS JOB HISTORY INCLUDING ANY GAPS IN EMPLOYMENT

REFERENCES

YOU MUST SUPPLY 3 REFEREES. PLEASE GIVE THE NAMES AND ADDRESSES OF THREE PEOPLE, ONE BEING YOUR CURRENT/LAST EMPLOYER

Current/Last Employer Referee	Personal Referee	Personal Referee
Name:	Name:	Name:
Job Title:	Relationship:	Relationship:
Address:	Address:	Address:
Telephone No:	Telephone No:	Telephone No:

DAYS/HOURS YOU WANT TO WORK

Please tick the table below detailing the hours you want to work.

Daily Shifts	Monday	Tuesday	Wednesday	Thursday	Friday
7.00 am – 14.00pm					
3.00pm – 6.00pm					
6.00pm –10.00pm					

The shifts selected must also be undertaken when working alternate weekends.

I am able to work alternate weekends and understand this forms part of the job role: Signature: _____

APPLICANT SUPPORTING INFORMATION

Please state below the reasons why you are applying for this post:

Please provide details below of relevant experience:

What relevant training have you had and when?

Name of Doctor:	Name of Doctor's surgery:
Address of surgery:	

EMERGENCY CONTACT DETAILS

In the event we would need to contact someone in the event of an emergency.

Name:	Relationship:
Telephone/Mobile No:	

DATA PROTECTION ACT 1998

The information you have provided on this form will be stored and processed by Prime Care Support Ltd, but will not be disclosed to any outside agency, unless we are legally obliged to do so.

DECLARATION

I confirm that the information given by me in this application form is correct.	Signature:
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Primecare is an Equal Opportunities Employer