



Diva Care Ltd
Hyperion House
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www.Divacare.co.uk

**CONFIDENTIAL
APPLICATION FOR EMPLOYMENT**

Position Applied For _____ Day or Night _____

Did you hear or see the job advertised, if so where _____

Your Personal Details

Forename (s) _____ Mr / Mrs / Miss / Ms _____

Surname _____

Full Address _____

_____ Postcode _____

Telephone Number _____

Mobile number _____ Email Address _____

Date of Birth _____

Marital Status _____

Nationality _____ If non UK do you need work Permit _____

National Insurance Number _____

Driving Licence Number _____ Passport Number _____

NMC Pin Number and Expiry date (if applicable) _____

Criminal Records Bureau disclosure. Have you ever applied for a disclosure (CRB check).

YES / NO (please circle) .

If YES please state for what job title or profession this was for. _____

_____ Date applied for _____

Secondary Education.

Name & Address	Dates to & From	Level	Subject	Grade

Please continue on separate sheet if needed.

Professional Qualifications / Training Courses
i.e First Aid / N.V.Q. / Hygiene.

1.
2.
3.
4.
5.
6.

Please continue on separate sheet if needed.

Employment History

With your last or current FIRST.

Name & Address of Employer	Dates to & From	Positions held & Brief outline of duties	Reason for Leaving & Rate of Pay

Please continue on separate sheet if needed.

References

Please give at least 2 Names & Address of people to whom we may apply for references. One being your last or present employer.

Name	Address	Relationship	Telephone Number

Please continue on separate sheet if needed.

Why do you want to work for Diva Care Ltd.

Please add any additional facts that show your suitability for the type of work you are seeking , include particular skills and strengths relevant to this position.

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Please continue on separate sheet if needed.

Health

Are you suffering or have you ever suffered from any of the following:	YES	NO	(if yes) Please give details Please continue on separate sheet if needed.
Back or neck problems.			
Fits, fainting attacks or epilepsy			
Depression, anxiety or nervous illness, or have you been referred for psychiatric assessment.			
Any illness that may affect your ability to work not specified above			
Have you ever lost time from work as a consequence of one of the above.			
Have you ever taken time off work due to accident at work.			

Convictions.

Have you ever been convicted of a criminal offence.

YES / NO if Yes please give details

(We will need to apply for a Enhanced CRB check before we are able to employ you).

Declaration

The facts set forth in this application for employment are, to the best of my knowledge true and complete. I also declare that I understand that the non-disclosure or suppression of any relevant facts known by me may prejudice my application, or if appointed could lead to the termination of my employment.

I agree that a medical report may be obtained from my doctor or hospital specialist if requested by Diva Care Ltd (Hyperion House)

DATED _____ SIGNED _____

If you are successful with your application we will require 2 passport photos , plus a copy of your birth certificate for our file along with other identification paper work.

Office use only	
Any comments :	Job Offered : Pay rate offered : Applicant can start on : Start date :