



## SOUTH COAST NURSING HOMES LTD APPLICATION FOR EMPLOYMENT

APPLICATION FOR THE POST OF _____
HOME _____ DATE ____/____/____

PERSONAL DETAILS	
Name in full _____ Address _____ _____ Post Code _____ Tel No: _____ Mobile No: _____ Date of Birth ____/____/____ N I No: _____	Marital Status (delete as appropriate) MARRIED/SINGLE/WIDOWED/DIVORCED/SEPARATED N I No: _____ Trained staff only _____ Qualification held _____ PIN No: _____ Expiry date _____

NEXT OF KIN	
Name _____ Address _____ _____ _____	Relationship _____ Emergency Contact No: _____

EDUCATION		
Schools attended	Examinations obtained	Date
College, University or other Further Education	Degrees, Awards or Professional Qualifications	Date

**TRAINING**

Type of Training	Date last course attended
Manual Handling	
Fire	
First Aid	
Food & Hygiene	
Infection Control	
COSHH	

**EMPLOYMENT HISTORY**

**CURRENT EMPLOYMENT**

Name & Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date employment commenced \_\_\_\_\_ Date employment ceased \_\_\_\_\_

Post held \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Name & Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date employment commenced \_\_\_\_\_ Date employment ceased \_\_\_\_\_

Post held \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Name & Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date employment commenced \_\_\_\_\_ Date employment ceased \_\_\_\_\_

Post held \_\_\_\_\_

PREVIOUS EMPLOYMENT

Name & Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date employment commenced \_\_\_\_\_ Date employment ceased \_\_\_\_\_

Post Held

**AVAILABILITY**

Period of notice required		Are you legally eligible for employment in the U.K.?	Yes/No
Date available for work		Do you require a work permit	Yes/No