



APPLICATION FORM

To help us assess your suitability please complete all sections of this application form. Please type or print using black ink.

1. YOUR PERSONAL DETAILS

First Name	Surname	National Insurance No.
Address		Contact Telephone Numbers
		Home:
		Mobile:
Email address:		

2. YOUR CERTIFICATES GAINED AT SCHOOL

Please give details of any certificates obtained such as SCOTVEC, SQA. You need not include any obtained if you left school over fifteen years ago, unless you think they are relevant to your application.

Awarding Body e.g. SQA	Course/Subject/Module Titles	Level/Grade	Date Awarded

3. YOUR FURTHER OR HIGHER EDUCATION

Please provide details of any courses for which a certificate, e.g. SVQ, HNC, HND degree or diploma was awarded.

University/ College	Course Title e.g. HNC Computing	Subjects Studied	Date Awarded

4. TRAINING COURSES ATTENDED

Please provide details of any training courses attended which may be relevant to this application e.g. moving and handling training or first aid training.

Course Provider	Description of course including main subjects covered	Date Awarded

5. CURRENT OR MOST RECENT EMPLOYMENT

Job Title and Name & Address of Employer	Dates		Basic Salary £ per /hour/week/year
	From	To	

Please give details of your duties/responsibilities using supplementary sheets if required. Please ensure you put your name on any additional sheets used.

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6. PREVIOUS EMPLOYMENT

List in chronological order with most recent previous employer first – use a separate sheet if necessary. Be prepared to discuss your full employment history at interview.

Name and address of employer	Job title and brief description of duties	Annual Salary or hourly rate	Dates		Reason for Leaving
			From	To	

7. INFORMATION RELEVANT TO APPLICATION

Please tell us how your work and life experiences are relevant to your application. Please use supplementary sheets if required ensuring that your name is on any separate sheets used.

8. AVAILABILITY

Potential date available for employment:

Hours Available for Work				
Please list the hours you would be available for work				
	Morning	Afternoon	Evenings	Overnight/Sleep in
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please note any relevant comments regarding availability in the box below.

9. REFEREES

Please provide details of two referees. If you are currently in employment, at least one must represent your current employer

Name	Relationship	Occupation	Address & Telephone Number

10. RELATED PARTY DISCLOSURE

Please state below if you are related to or connected with any Real Care employees or Service Users. Please state the name of the person and the nature of the relationship.

11. ADVERTISEMENT

To allow us to monitor the effectiveness of our recruitment process, please state where you first saw this post advertised or where you heard of the Real Care Agency Ltd.

12. DECLARATION

Important, please read the notes below before signing the declaration.

I certify that all statements given above by me on this form are true and correct to the best of my knowledge. I realise that if I am employed and it is found that such information and all other documents associated with the recruitment and selection process is false or that I have withheld information I am liable to dismissal without notice.

Signature Date

Print Name (in block capitals please)

The completed application form should be returned to:

**Real Care Agency Ltd,
Suite 20 -22,
1A Glebe Street,
The Village,
East Kilbride
G74 4LY**

Tel. 01355 590033

Email: Realcareagency@aol.com