

Thank you for your interest in working with Juard Care. Please complete this form on screen or print it and fill it in using black ink. Your details are used only to consider your application and are handled under our privacy notice.

1. The role

Position applied for

Where did you see this role?

Earliest start date

2. About you

Title

First name(s)

Surname

Previous names (if any)

Home address (first line)

Town / city

Postcode

Home telephone

Mobile

Email address

National Insurance number

Date of birth

Driving licence type (if held)

Do you have the right to work in the UK?

☐ Yes

☐ No

Do you have use of a car for work?

☐ Yes

☐ No

3. Employment history (most recent first)

Please include paid work, voluntary work and caring for family. Attach a separate sheet if you need more space.

Current or most recent employer

Job title

From (mm/yyyy)

To (mm/yyyy)

Main duties and reason for leaving

Previous employer

Job title

From (mm/yyyy)

To (mm/yyyy)

Main duties and reason for leaving

Earlier employer

Job title

From (mm/yyyy)

To (mm/yyyy)

Main duties and reason for leaving

Any gaps in your employment history (please explain)

4. Education, training and qualifications

Qualification or course (e.g. Care Certificate, NVQ / QCF, first aid)

Awarded by

Year

Qualification or course

Awarded by

Year

Qualification or course

Awarded by

Year

Why do you want to work in care, and what would you bring to the role?

5. References

Please give two referees, one of whom should be your current or most recent employer. Family members cannot be referees.

Referee 1: name

Organisation

Relationship to you

Telephone

Email address

Address / postcode

Referee 2: name

Organisation

Relationship to you

Telephone

Email address

Address / postcode

☐ You may contact my referees before a job offer is made.

6. Checks and declaration

Are you willing to have an enhanced DBS check for this role?

☐ Yes ☐ No

Do you hold a current DBS certificate on the update service?

☐ Yes ☐ No

Any offer of work is subject to satisfactory references, right-to-work checks and an enhanced DBS check. If there is anything you would like to discuss before that check is made, please tell us when you return this form.

☐ I confirm that the information on this form is true and complete to the best of my knowledge, and I understand that giving false information may lead to an offer being withdrawn.

Signature (type your name if completing on screen)

Date

Returning your form

Post: Juard Care, 4 Nelson Street, Southend-on-Sea, SS1 1EF.

Questions? Call us on 01702 841308, or message us on WhatsApp on 07447 986411.