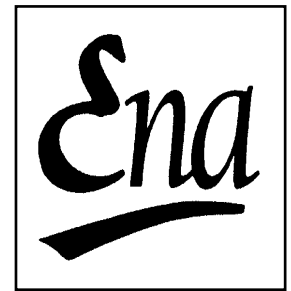


European Nursing Agency Ltd

Application Form for Live-in Carer

2E Smallford Works, Smallford Lane, St Albans, AL4 0SA, Tel: 01727 825000



Surname		How did you find out about ENA?	
Forenames		Height	Nationality
Marital Status	Maiden Name	Weight	Eye Colour
No of Dependents		Next of Kin: Name, Address & Telephone No:	
UK Address		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Postcode		Relationship	
UK Telephone Day	Current Clean Driving Licence Yes <input type="checkbox"/> No <input type="checkbox"/>		
UK Telephone Evening	International <input type="checkbox"/> British <input type="checkbox"/> Other <input type="checkbox"/>		
Mobile	Please state any convictions, spent or otherwise:		
E-mail Address	Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Expiry Date		
National Insurance No	How long have you had a driving licence?		
Place of Birth	Are you a confident driver? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Religion	Do you have your own transport? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Visa Type	Languages spoken:		
Expiry Date	Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Are you happy to work with a smoker? Yes <input type="checkbox"/> No <input type="checkbox"/>		

FOR OFFICE USE ONLY		Interviewed by		On	
EXPERIENCE		PERSONAL			
As a carer		Pets		Dietary	
As a 'live in' carer		Vegetarian		Cooking	
Manual Handling		WORK			
Hoist		Available from		Until	
FA		Notice required			
Bowel		Areas prepared to work			
Catheter (type)		Holidays			
Tracheotomy					
NOTES		Preferred Client			

European Nursing Agency Limited

Employment and Reference details:-

Please list all your job and other activities that you have done over the past FIVE YEARS, starting with the most recent.

Please also give reference contact details, to enable us to process your application. At least TWO references should be previous employers and should be no older than 3 years. Relatives and Friends cannot be used.

Relatives cannot be used.

From:Month/Year	To:Month/Year	Name and address of company:-		
Job title and brief description of work:-				
Reason for leaving:-				
Can we contact this company for a reference? (please tick)		Yes	No	If "yes", please give details below
Contact name:-				
Telephone:	Country code:	Area code:	Number:	
Fax number:	Country code:	Area code:	Number:	
Mobile:				
Email address:				

From:Month/Year	To:Month/Year	Name and address of company:-		
Job title and brief description of work:-				
Reason for leaving:-				
Can we contact this company for a reference? (please tick)		Yes	No	If "yes", please give details below
Contact name:-				
Telephone:	Country code:	Area code:	Number:	
Fax number:	Country code:	Area code:	Number:	
Mobile:				
Email address:				

From:Month/Year	To:Month/Year	Name and address of company:-		
Job title and brief description of work:-				
Reason for leaving:-				
Can we contact this company for a reference? (please tick)		Yes	No	If "yes", please give details below
Contact name:-				
Telephone:	Country code:	Area code:	Number:	
Fax number:	Country code:	Area code:	Number:	
Mobile:				
Email address:				

European Nursing Agency Limited

Employment and Reference details continued:-

FROM:Month/Year	TO:Month/Year	Name and address of company:-		
Job title and brief description of work:-				
Reason for leaving:-				
Can we contact this company for a reference? (please tick)		Yes	No	If "yes", please give details below
Contact name:-				
Telephone:	Country code:	Area code:	Number:	
Fax number:	Country code:	Area code:	Number:	
Mobile:				
Email address:				

Additional Reference Details:-

Please list additional reference details below if you have not provided a 5 year employment history.

Contact name:-		Profession:		
Telephone:	Country code:	Area code:	Number:	
Fax number:	Country code:	Area code:	Number:	
Mobile:				
Email address:				

Contact name:-		Profession:		
Telephone:	Country code:	Area code:	Number:	
Fax number:	Country code:	Area code:	Number:	
Mobile:				
Email address:				

Contact name:-		Profession:		
Telephone:	Country code:	Area code:	Number:	
Fax number:	Country code:	Area code:	Number:	
Mobile:				
Email address:				

AUTHORISATION TO TAKE UP REFERENCES:

I authorise European Nursing Agency to take up the references detailed above and other relevant references detailed above and any other relevant references listed within this form. Please specify here any references that you DO NOT wish us to take up.

Signed.....

Date.....

BANK DETAILS:

Account Name:	Bank Name:
Account Number: (8 digits)	Sort Code: (6 digits)

