PnS (Family Care Services) Ltd 9 Guildhall Street, BURY ST EDMUNDS, Suffolk, IP33 1PR

Tel: 01284 724223

Email: pnsfcsltd@hotmail.co.uk



Role Applied For:			Support Wor	ker	
Job Reference Number:					
Personal Details: Please complete ALL the following details					
Surname		Forename(s)			
Title					
Address:			me Phone mber:		
			bile Phone mber:		
Postcode:			nail dress:		
Date of Birth:		Ins	tional urance mber:		
Place of Birth					
Nationality					
Do you have a full UK driving License?					
Do you have use of a car?					

Education:				
Please include details of secondary school attended and qualifications gained				
Name of School	Subject	Exam type	Grade	
Professional Qualific				
Please include details of any professional qualifications			Data ashiowad	
Qualification		Exam board	Date achieved	
Other Qualifications	:			
Please include details of any	y other relevant qualification	ns gained	T	
Qualification		Exam Board	Date achieved	

Skills: Please include details of any other skills relevant to position applied for		
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Name and address of		
employer		
Nature of Business		
Job title		
Brief details of the		
nature of your work. Please include details		
of duties and		
responsibilities		
Please state number of		
contracted hours Date of employment		
Salary		
Notice required		
Date of leaving		
Reason for leaving		
employment		

Previous Employment details: Please give details of the last 10 years of your employment history		
Name and address of employer		
Nature of Business		
Job title		
Brief details of your		
role		
Date of employment		
Date of leaving		
Salary on leaving		
Reason for leaving		
Name and address of employer		
Nature of Business		
Job title		
Brief details of your role		
Date of employment		
Date of leaving		
Salary on leaving		
Reason for leaving		
Name and address of		
employer		
Nature of Business		
Job title		
Brief details of your role		
Date of employment		
Date of leaving		
Salary on leaving		
Reason for leaving		
Name and address of		
employer Nature of Business		
Job title		
Brief details of your		
role		
Date of employment		
Date of leaving		
Salary on leaving		
Reason for leaving		

Other Information	
Please give details of any other information, which may support your application for employment (e.g. hobbies, other achievements)	
Additional Information	
Do you need a work permit for regular employment in the UK?	
Have you ever been convicted of any criminal offence (other than a motoring offence) which is within the meaning of the Rehabilitation of Offenders Act	Please give details

Please give details

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Do you have a disability which we need to be aware of when considering your application?

All appointments are subject to the receipt of two satisfactory references. Please provide details of two referees to whom confidential enquiries can be made. One reference should be a current or most recent employer. Please state whether we can approach these referees prior to an offer of employment		
Declaration Please check all the answers you have given on this application form and carefully read this declaration before signing it. "I understand that any offer of employment made by PnS (Family Care Services) Ltd will be subject to satisfactory references being obtained. The facts contained in this application are, to the best of my knowledge true and complete. I understand that any false statements may disqualify me from employment and render me liable to subsequent dismissal Signature Date		

Data Protection Statement

References

The information collected on this form will allow us to make an informed decision as to whether to proceed with your application

As part of our assessment we may have to carry out checks to verify the information provided by you. We may obtain information from you about third parties (including referees) and disclose your personal data to certain third parties such as law enforcement bodies for this purpose.