



AAI Care
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AAI CARE
APPLICATION FORM

PLEASE READ THE APPLICANT'S GUIDANCE BEFORE COMPLETING IN BLOCK CAPITALS

POST APPLIED FOR: CARE WORKER

MR / MRS / MISS / MS

NI Number

FULL NAME

ADDRESS

POSTCODE

TELEPHONE No:

Mobile No:

Email:

GENERAL INFORMATION

DO YOU HOLD A CURRENT CLEAN DRIVING LICENCE? YES/NO

DO YOU HAVE A VEHICLE AVAILABLE? YES/NO

DO YOU SPEAK ANY OTHER LANGUAGES OTHER THAN ENGLISH? YES/NO

IF YES PLEASE SPECIFY AND INDICATE LEVEL OF FLUENCY

DO YOU HOLD A CURRENT BRITISH PASSPORT? YES/ NO

IF YES NUMBER

IMMIGRATION DETAILS

DO YOU HOLD A CURRENT WORK PERMIT? YES/ NO

ARE YOU CLASSIFIED AS A STUDENT ON YOUR VISA? YES/ NO

PLEASE NOTE WE WILL NEED TO SEE ORIGINALS OF ALL DOCUMENTATION



QUALIFICATIONS HELD EDUCATION AND PROFESSIONAL

School:..... Dates:.....

IF YOU NEED MORE SPACE PLEASE ADD SEPARATE SHEET OF PAPER MARKED EDUCATION AND PROFESSIONAL DEVELOPMENT.

HEALTH DECLARATION

TO ENABLE US TO CONSIDER YOUR APPLICATION, WE REQUIRE CERTAIN DETAILS OF YOUR MEDICAL HISTORY THIS INFORMATION WILL BE TREATED IN STRICT CONFIDENCE.

DO YOU OR HAVE YOU EVER SUFFERED FROM ANYTHING WHICH MAY EFFECT YOUR ABILITY TO WORK OR HAVE ANY OTHER INFORMATION ABOUT YOUR HEALTH WHICH MAY AFFECT YOUR WORK?

.....

ARE YOU A DISABLED PERSON YES / NO
 IF REGISTERED PLEASE DETAIL REG NO:

PLEASE GIVE US LAST DATE OF IMMUNISATION OR VACCINATION FOR: -

TETANUS
 HEPATITUS





EMPLOYMENT HISTORY

PRESENT / LAST EMPLOYER:

ADDRESS:

POST CODE:

START DATE:

LEAVING DATE:

POSITION HELD:

DUTIES / RESPONSIBILITIES:

PLEASE COMPLETE FULL EMPLOYMENT HISTORY

Please include **ALL** periods of unemployment/gaps

PREVIOUS EMPLOYER	START DATE	END DATE	JOB TITLE/DUTIES

IF YOU NEED MORE SPACE PLEASE ADD SEPARATE SHEET OF PAPER MARKED EMPLOYMENT HISTORY

PLEASE INDICATE YOUR CONSENT TO TAKE UP REFERENCES **YES / NO**



EXEMPTION FROM REHABILITATION OF OFFENDERS ACT 1974

The nature of the work which you are applying is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975. Accordingly it is a requirement that all previous convictions are declared, even those which would otherwise be regarded as “spent”. Details of any convictions must be recorded on this application form. Any such information given will be treated confidentially and considered only in relation to this application.

Details of any convictions:

DATE ON WHICH YOU CAN COMMENCE WORK:

REFERENCES

PLEASE SUPPLY BELOW NAMES & FULL POSTAL ADDRESSES OF TWO PEOPLE INCLUDING YOUR PRESENT OR MOST RECENT EMPLOYER WHOM WE MAY ASK FOR A REFERENCE.

NAME:	NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
TELEPHONE:	TELEPHONE:
OCCUPATION:	OCCUPATION:

DECLARATION

I confirm the above information is true and correct and understand any misrepresentation will invalidate my application and, if employed, could lead to dismissal. I confirm to my knowledge there are no medical reasons which would prevent me from undertaking the duties of the post.

Signature.....

Date