



Application Form To Join The Team

Thank you for your interest in job opportunities Zera Care Support. Please complete all sections of the application form in black ink and email it back to us

| Personal Details | Mr/Mrs/Miss | Please Complete all sections | |
|---|-------------|--|--|
| First Name: | | Family Name: | |
| Home phone number: | | Mobile phone number: | |
| Address: | | Previous address: (If current address less than 5 years) | |
| Postcode: | | Email: | |
| Length of time at address: | | National Insurance No. | |
| Drivers Licence: | Yes / No | | |
| Give detail of Work Permits, VISAs, Leave to Remain etc. that allow you to work legally in the UK – include expiry dates. | | | |

| The Job you are applying for | Please Complete all sections | |
|------------------------------|---|---|
| Position/s: | How did you hear about the vacancy? (Please circle) | Advert Leaflet Job Centre Banner Website Friend |
| | | If Friend, state name: |



20 Bugsby's Way,
London SE7 7SJ



Office line: +44 203 971 4867
Mobile: +44 7862 058562



info@zeracaresupport.co.uk
admin@zeracaresupport.co.uk



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| | | | Please Complete all sections | | |
|-------------------------------|------|----|------------------------------|--------|------|
| Schools Attended | From | To | Exams passed - Subjects | Grades | Year |
| | | | | | |
| | | | | | |
| | | | | | |
| University/College | From | To | Exams passed - Subjects | Grades | Year |
| | | | | | |
| | | | | | |
| Other Relevant Qualifications | From | To | Exams passed - Subjects | Grades | Year |
| | | | | | |
| | | | | | |



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| Full Employment History | | | Please Complete all sections | | |
|-------------------------|------|----|------------------------------|---|--------------------|
| Current or Most Recent: | From | To | Position | Notice Period | Reason for Leaving |
| | | | | | |
| Previous Employer: | From | To | Position | Reason for Leaving / Any gap between this employment and the next employment? | |
| | | | | | |
| Previous Employer: | From | To | Position | Reason for Leaving / Any gap between this employment and the next employment? | |
| | | | | | |



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| | | | | |
|--------------------|------|----|----------|---|
| Previous Employer: | From | To | Position | Reason for Leaving / Any gap between this employment and the next employment? |
| Name: Address: | | | | |
| Previous Employer: | From | To | Position | Reason for Leaving / Any gap between this employment and the next employment? |
| Name: Address: | | | | |
| Previous Employer: | From | To | Position | Reason for Leaving / Any gap between this employment and the next employment? |
| Name: Address: | | | | |
| Previous Employer: | From | To | Position | Reason for Leaving / Any gap between this employment and the next employment? |
| Name: Address: | | | | |



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References

Please provide the details of your current or most recent employer and any other previous employers who you have worked for in the last 3 years. Please also provide a personal referee, someone who knows you well. (Preferably this would be someone in a professional position. Please do not give the name of a relative as a referee.) We also require details of any previous positions you may have held in a care setting, regardless of how long ago this maybe. If you are known to your referee by a former name, please supply the name by which you were known. We cannot process your application unless you provide this.

| Name | Phone Number | Email Address a | Company | Please do not contact until confirmed: |
|----------------------------------|--------------|-----------------|---------|--|
| Current or most recent employer: | | | | |
| Character: | | | | |

| | | |
|---|---------------------|----|
| Are you facing any criminal prosecutions? | Yes – give details. | No |
| Do you have any spent/unspent convictions or cautions under The Rehabilitation of Offenders Act 1974? | Yes – give details. | No |



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| | | |
|---|---|------------------------------|
| Have you been dismissed from any employment? | <input type="checkbox"/> YES - give details | <input type="checkbox"/> NO |
| Have you ever been or are you currently going through any investigation or disciplinary action? | <input type="checkbox"/> YES - give details | <input type="checkbox"/> NO |
| Are you currently able to conduct the job you are applying for? | <input type="checkbox"/> NO - give details | <input type="checkbox"/> YES |
| Can we make any reasonable adjustments to avoid you being at a disadvantage in the workplace? | <input type="checkbox"/> YES - give details | <input type="checkbox"/> NO |
| Do you have a relation or friend who works for the Care Home or other homes in the company? | <input type="checkbox"/> YES - give details | <input type="checkbox"/> NO |

Additional Information

Declaration

I confirm that the information provided on this application form is true and complete, and that I am legally entitled to work in the UK.

I understand that any false statements or deliberate misrepresentations will be regarded as grounds for disciplinary action and/or termination of my employment.

I understand that any offer of employment is subject to satisfactory references and an enhanced DBS checks (if applicable) and I authorise the company to obtain references to support this application once an offer has been made and accepted.

I understand that any information given in relation to my application will be held by the Company and falls within the provisions of the Data Protection Act 1998. I also give my consent for my personal information being retained and used to process my application for employment.

| | | |
|------------|--|------|
| Signed | | Date |
| Print name | | |