



Diva Care Ltd  
Hyperion House  
London Street  
Fairford  
Glos GL7 4AH  
Tel : 01285 712 349  
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Info@Divacare.co.uk  
www.Divacare.co.uk

**CONFIDENTIAL  
APPLICATION FOR EMPLOYMENT**

Position Applied For \_\_\_\_\_ Day or Night \_\_\_\_\_

Did you hear or see the job advertised, if so where \_\_\_\_\_

**Your Personal Details**

Forename (s) \_\_\_\_\_ Mr / Mrs / Miss / Ms \_\_\_\_\_

Surname \_\_\_\_\_

Full Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mobile number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Nationality \_\_\_\_\_ If non UK do you need work Permit \_\_\_\_\_

National Insurance Number \_\_\_\_\_

Driving Licence Number \_\_\_\_\_ Passport Number \_\_\_\_\_

NMC Pin Number and Expiry date (if applicable) \_\_\_\_\_

Criminal Records Bureau disclosure. Have you ever applied for a disclosure (CRB check).

YES / NO (please circle) .

If YES please state for what job title or profession this was for. \_\_\_\_\_

\_\_\_\_\_ Date applied for \_\_\_\_\_

Secondary Education.

Name & Address	Dates to & From	Level	Subject	Grade

Please continue on separate sheet if needed.

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Professional Qualifications / Training Courses  
i.e First Aid / N.V.Q. / Hygiene.

1.
2.
3.
4.
5.
6.

Please continue on separate sheet if needed.

## Employment History

With your last or current FIRST.

Name & Address of Employer	Dates to & From	Positions held & Brief outline of duties	Reason for Leaving & Rate of Pay

Please continue on separate sheet if needed.

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## References

Please give at least 2 Names & Address of people to whom we may apply for references. One being your last or present employer.

Name	Address	Relationship	Telephone Number

Please continue on separate sheet if needed.

Why do you want to work for Diva Care Ltd.

Please add any additional facts that show your suitability for the type of work you are seeking , include particular skills and strengths relevant to this position.

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Please continue on separate sheet if needed.

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### Health

<b>Are you suffering or have you ever suffered from any of the following:</b>	YES	NO	(if yes) Please give details Please continue on separate sheet if needed.
Back or neck problems.			
Fits, fainting attacks or epilepsy			
Depression, anxiety or nervous illness, or have you been referred for psychiatric assessment.			
Any illness that may affect your ability to work not specified above			
Have you ever lost time from work as a consequence of one of the above.			
Have you ever taken time off work due to accident at work.			

Convictions.

Have you ever been convicted of a criminal offence.  
YES / NO if Yes please give details

**Declaration**

The facts set forth in this application for employment are, to the best of my knowledge true and complete. I also declare that I understand that the non-disclosure or suppression of any relevant facts known by me may prejudice my application, or if appointed could lead to the termination of my employment.

I agree that a medical report may be obtained from my doctor or hospital specialist if requested by Diva Care Ltd (Hyperion House)

Signed ..... Dated .....

**Permission For A Criminal Records Bureau Search (CRB)  
(This declaration MUST be signed)**

I hereby give my permission for the management of Diva Care Ltd to implement a search via the Criminal Records Bureau to see whether I have any record, Criminal or otherwise, which would preclude them from employing me.

I understand that I am responsible for paying the current applicable charge for this search

Signed ..... Dated .....

If you are successful with your application the CRB fee will become payable and we will require 2 passport photos for your file, plus other identification paper work to complete the CRB search.

<b>Office use only</b>	
Any comments :	Job Offered :
	Pay rate offered :
	Applicant can start on :
	Start date :