

Tudom Care 87 High Street, Lee-On-The-Solent, Hampshire, PO13 9BU, United Kingdom Phone: +44(0)239-4318-410

Phone: +44(0)239-4318-410 Email: info@tudomcare.co.uk



REGISTRATION FORM

PERSONAL DETAILS							
Surname			Title				
First Name(s)				Male	Female		
Date of Birth			NI Number				
Current Address			Mobile Phone				
			Home Phone				
Post Code			Email				
Nationality.			Passport No.				
Do you drive?	Yes	No	Driving Licence	No.			
NEXT OF KIN (TO BE NOTIFIFIED IN CASE OF EMERGENCY)							
Name			Relationship to	You			
Address			Mobile Phone				
			Home Phone				

EDUCATION, TRAINING AND QUALIFICATIONS

SECONDARY AND FURTHER EDUCATION Name of School/College/University	Qualifications currently studying	Date from/to
Name of School/College/University	Qualifications and Grade Obtained	Dates from/to

YOUR WORK HISTORY

Please ensure you complete this section even if you have a Curriculum Vitae. It is required that 'Employment history should be recorded on an application form which is signed'. Please ensure that you leave no gaps unaccounted for and it covers 10 years, or up to you education. Please use a continuation sheet if necessary.

(Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	
Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	
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Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	
Dates From/To	Employer
(Month/Year)	
Position Title	
1 Osition Title	Grade
Main Responsibilities	Grade Work Address

YOUR WORK HISTORY Continued...

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Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	

REFERENCES

Please give the names and addresses of two people from whom references may be obtained. One of these must be your present and most recent employer or agency whom we may approach for a nursing reference, <u>excluding relatives</u>. Please remember that the two references must cover the last 3 year period.

1.Name					
Position/Grade		Is this referee senior to you?	Yes	No	
Work Address					
Phone Number					
Email					
How long has this person known you?		ve contact this person to your interview?	Yes	No	
2. Name					
Position,		Is this referee senior to you?	Yes	No	
Work Address					
Phone Number					
Email					
How long has this person known you?		ve contact this person to your interview?	Yes	No	

WORK PREFERENCES						
When are you able to work?	Mornings	Afternoons	Occasional Weeks			
Full Time Part Time	Evenings	Nights	Weekends			
Date Available to Commence:						
Please state the specialised areas in which ye	ou feel competent and c	onfident to work:				
1st Choice						
2nd Choice						
3rd Choice						
Would you be willing to work at short notice	2?	Yes	No			
Do you have any commitments that reduce	your flexibility to work?	Yes	No			
If yes, please state:						
Please list any other agencies you are curren	ntly registered and work	for:				
COMPETENCIES, SKILLS AND EXPERIE	ENCE					
GENERAL COMPETENCIES						
Level of competency of the English	Written:	Fluent Good	Fair			
Language	Spoken:	Fluent Good	Fair			
Have you passed each of the academic mod	Have you passed each of the academic modules of the IELTS test? Yes No					
Please provide copies of all IELTS certificates held by you.						

DECLARATIONS

DISCLOSURE AND BARRING SERVICE (DBS)

The Disclosure and Barring Service (DBS - formerly Criminal Records Bureau CRB) is the executive agency of The Home Office responsible for conducting checks on criminal records. We are a registered body for receipt of DBS disclosure information. Our clients insist on agencies making informed recruitment decisions which require DBS checks to be done. It is a condition of proceeding with your application that you apply for a DBS.

The disclosure will be compared with the information given below and any inconsistencies could invalidate your application or lead to the cancellation of your registration with us.

REHABILITATION OF OFFENDERS ACT 1974 AND CRIMINAL RECORDS

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986 the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. You should there fore list all offences below even if you believe them to be 'spent' or 'out of date' for some other reason.

Have you been convicted of a criminal offence? Have you ever been cautioned or issued with a formal warning for a criminal offence?	Yes Yes	No No
If you have answered 'yes' to either of the above questions please	e list details including dates b	elow.
Signature		
Date		

DECLARATIONS Continued...

RIGHT TO WORK		
	offer of work can be made all candidates provide the company with a by providing one of the original documents detailed below.	n confir-
	a British Citizen or as having a right of abode in the United King - nt to show that the holder has INDEFINITE LEAVE TO REMAIN in from taking the work in question.	
	te which is a party to the European Union and EEA agreement nal or a state which is a Party to that agreement.	
	e Department of Education and Employment indicating that the per- take agency work in question or a biometric residence permit.	
WORKING TIME DIRECTIVES		
that it is safe to work. The current limit is a therefore you will never be compelled to w	ines for all workers, governing the length of the maximum working w 48 hours per week. You are under no obligation to accept work off work more than 48 hours per week but you may choose to do so. derstood this information by indication your preference below.	
I DO NOT wish to work more than 48 h	iours per week	
I DO wish to work more than 48 hours	per week	
Signature	Date	
REGISTRATION FORM DECLARATION		
accurate in all respects and that I an	n this registration form is to the best of my knowledge common eligible to work in the UK. Adding information may result in my removal from Tudom Car	
Signature		
Date		
Print Full Name		

FOR OFFICE USE ONLY

	Date sent:	Signature:	Date received:	Signature:
Reference 1				
Reference 2				
Date application form rec	eived:			
Date fully registered:				
NI Card/Gov. Letter				
Interview:				
Date:				
Interviewer:				
Comments:				
Date commenced work:				