



Basic Information Form

This is a basic information and preliminary assessment form. It does not confirm employment, but your application is being positively considered. Please provide as much relevant and accurate information as possible

JOB TITLE/CODE

Personal Information:

Full Name:

Date of Birth:

Gender:

Nationality & Origin:

Current Address:

Contact Number:

Email Address:

Education and Training:

Highest Level of Education:

Professional Training/Certifications (if any):

Work Experience:

Current / Last Job Title:

Employer:

Dates of Employment (Start - End):

Job Roles:

References:

1. Name:

Relationship to Applicant:

Contact Number:

Email Address:

Additional Information:

Availability:

Languages:

1. Do you have full UK valid driver's license? And own car?
 - ☐ Licence: YES NO
 - ☐ Car: YES NO
2. Are you legally eligible to work in this country?
 - ☐ Yes
 - ☐ No
3. Have you had any previous criminal convictions?
 - ☐ Yes
 - ☐ No
4. Do you have any physical limitations or health conditions that may affect your ability to perform the job rolls and duties?
 - ☐ Yes
 - ☐ No
5. Are you eligible to provide personal care, including assistance with bathing, dressing, toileting, cooking and feeding etc.? (Applicable for health & care jobs)
 - ☐ Yes
 - ☐ No
6. What makes you a suitable candidate for this role?

Declaration: I hereby declare that all information provided above is true, complete, and accurate to the best of my knowledge and belief. I understand that any misrepresentation, false statement, or omission may result in disqualification from employment or termination of employment if discovered at a later stage

Applicant's Name and Date: