



**SERENE HEALTHCARE SERVICES LTD**

109 Stratton Road, Swindon, SN1 2NY

Phone: 07389 142266

Email: [info@sereneservices.co.uk](mailto:info@sereneservices.co.uk)

[www.sereneservices.co.uk](http://www.sereneservices.co.uk)

**REGISTRATION FORM / APPLICATION FORM**

Please complete all sections of this form in BLOCK CAPITALS. Email to [info@sereneservices.co.uk](mailto:info@sereneservices.co.uk) Phone 07389 142266

What position are you applying for?	
How did you hear about the vacancy?	

**PERSONAL DETAILS**

First name:	
Surname:	
Date of birth:	
Nationality:	
Marital status: Married.....Single.....Divorced.....Separated.....	
Address:	
Postcode:	
Home tel no:	Mobile no:
National Insurance Number:	E-mail address:
<p>Are you lawfully resident in the UK?      Yes .....No.....</p> <p>Are there any work restrictions on your visa?    Yes.....No.....</p> <p>If yes, please state:</p>	



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<b>Next of Kin (to be contacted in an emergency):</b>
Name of the person:
Relationship to you:
Address:
Phone Number:
What kind of work are you looking for: Permanent .....Temporary .....Both.....
When are you available to start work?
Notice period (if applicable):

**BANK DETAILS**

Name of Bank / Building Society			
Name on Account <i>(if LTD give limited company name)</i>			
Branch Address			
Sort Code		Account Number	

"I confirm that these are my correct bank details and I acknowledge that my payments will be made directly into this account from Serene Care Services"

<b>Sign:</b>		<b>Date:</b>	
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**EDUCATION & QUALIFICATIONS**

Please include both educational and vocational qualifications starting with the most recent and going backwards in time.

Dates (from-to)	Educational Institution	Qualifications Obtained

**TRAINING COURSES ATTENDED**

Dates (from-to)	Course Title	Topics Covered / Qualification

**VOCATIONAL SKILLS & COMPETENCE**

Please provide details of any specific skills or competence that is particularly relevant to your application (e.g. any registration, any special industry skills etc.)



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**EMPLOYMENT HISTORY**

Please detail your full employment history starting with your most recent employer (stating if it was a recruitment agency) and continuing backwards in time. Please ensure that dates provided include both month and year. Continue on a separate page if necessary.

Current employer Company name			
Dates of employment			
Job title			
Reasons for leaving			
Salary on leaving		Notice Period (if relevant)	
Duties & responsibilities			

Company name			
Dates of employment			
Job title			
Reasons for leaving			
Salary on leaving			
Duties & responsibilities			

Company name			
Dates of employment			
Job title			
Reasons for leaving			
Salary on leaving			
Duties & responsibilities			



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Company name	
Dates of employment	
Job Title	
Reasons for leaving	
Salary on leaving	
Duties & responsibilities	

**ADDITIONAL INFORMATION, HOBBIES & INTERESTS**

Please provide any further information that you feel may support your application.

**DISCLOSURE AND BARRING SERVICES AND REHABILITATION OF OFFENDERS ACT (1974) DECLARATION  
REHABILITATION OF OFFENDERS ACT (1975)**

Because of the type of work that you have applied for, the Rehabilitation of Offenders Act (1974) (Exemptions 1975 apply) requires that it is a requirement on people who apply for social care positions to disclose any conviction that would otherwise be considered 'spent'.

Have you been convicted of a criminal offence? (if yes, please provide details): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been given a conditional discharge for a criminal offence? (if yes, please provide details) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I UNDERSTAND THAT ANY INFORMATION I GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE. ANY INFORMATION THAT I GIVE THAT DETAILS ANY OFFENCES – WILL NOT JEOPARDISE MY APPLICATION.**

**SIGNED:.....Date:.....**



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**CRIMINAL RECORDS BUREAU DISCLOSURE**

Before you can commence working as a Care Worker in the community, the Company must obtain a CRB clearance for you. You will have already completed the form and supplied documents that confirm your identity.

The Company will keep the documentation under the terms of the Data Protection Act 1998. The CRB documents will only be checked by CQC Inspectors for inspection purposes under the Care Standards Act 2000 when the Company's records are checked.

I GIVE MY CONSENT TO THE DISCLOSURE OF THE CRB DOCUMENTATION RELATING TO MY APPLICATION ONLY IN THE CIRCUMSTANCES DESCRIBED ABOVE.

SIGNED:.....Date:.....

**REFERENCES**

Please provide details of two previous employers from whom we can obtain references. Any offer of employment is conditional on our receiving two satisfactory references. We will not approach your present employer until an offer of employment has been made and verbally accepted.

Most Recent Employer		Other Employer	
Contact name:		Contact name:	
Contact job title:		Contact job title:	
Company name:		Company name:	
Address:		Address:	
Telephone number:		Telephone number:	
E-mail address:		E-mail address:	

**DECLARATION**

I confirm that the information I have given is correct and that I have not withheld any information of which the company should be made aware. I also understand that giving any incorrect or misleading information could lead to my subsequent dismissal, or withdrawal /termination of assignment.

Signed:.....

Date:.....