

ABRAHAM NURSING HOMES LIMITED

Application for the post of: at

LLANTRISANT CARE HOME

Name (Mr/Mrs/Miss/Ms):
Address:
.....
Post Code:
Tel (inc. std): Home Mobile:
Date of Birth:National Insurance Number:

Educational Qualifications

School/Training Establishment	Dates To - From	Qualification & Grade

Professional and/or Post Graduation Qualifications

Establishment Attended	Awarding Body	Date of Qualification

NMC Pin Number:
(if applicable)

Expiry Date:

ABRAHAM NURSING HOMES LIMITED

FULL EMPLOYMENT RECORD

Please give your employment history beginning with your most recent employment and completing historically. We can not accept application forms that do not give a full account of any gaps within your employment record.

Name & Address of Employer	Position Held/ Annual Salary	From – To	Reason for leaving

ABRAHAM NURSING HOMES LIMITED

Please describe your duties in your current post or most recent post if currently unemployed and your reason for leaving.

Attributes relevant to the post applied for
Please record any special skills you may have and/or experience you can bring to the post using the enclosed job description as a reference.

Disclosure

ABRAHAM NURSING HOMES LIMITED

Please supply two referees, one of which can be a character reference the other who must be your current or most recent employer.

Please note Abraham Nursing Homes Ltd. will not accept references from colleagues subordinates or "to whom it may concern, dear sir/madam" as a substitute for an employers reference. The relevant reference must be returned directly from the referee and not handed in by the applicant.

In the absence of employment within the last five years or for a school/college leaver, consideration will be given to three character references one of which would be from teacher, college lecturer or head teacher.

Employer	Character	Character (optional)
Name:	Name:	Name:
Position held:		
Business Address:	Address:	Address:
Tel:	Tel:	Tel:
In what capacity is this person known to you?	In what capacity is this person known to you?	In what capacity is this person known to you?
How long has this person been known to you?	How long has this person been known to you?	How long has this person been known to you?

I confirm the information given in this application form is complete and correct; I accept that any untrue or misleading information will allow Abraham Nursing Homes Ltd. to terminate unconditionally any contract of employment that may be offered on the basis of the information hereby given.

Signed Date

Print Name