

## VHM Care Application Form

**PLEASE COMPLETE CAREFULLY IN BLACK INK**



Name:	Title:
Address:  Post Code:	Mobile Number:
Telephone Number:	Email Address:
Date of Birth:	National Insurance Number:
Nationality:	Professional Registration: (eg: NMC)
Proof of Employment (Visa)	<i>Verified by VHM Care Staff – date</i>
<b>Passport Number:</b>	<b>Passport Issued:</b>
<b>Passport Nationality:</b>	<b>Passport expiry:</b>

### Next of kin Details

Name:	Relationship:
Address:  Post Code:	Email:
Telephone number:	Mobile number:

### Payment Options: Bank Details

Bank Name:	<i>Your name as it appears on the card</i>
Bank Address:	Post Code:
Sort Code:	Account Number:

**or Limited Company**

Name of Company:	<i>Name of Company as it appears on Certificate of Incorporation</i>
Bank Address:	Post Code:
Business Account Details:	
Sort Code:	Account Number:

**Qualifications and Training**

<u>Training</u>	<u>Date</u>	<u>Verified by *</u>
Manual Handling		
CPR /Basic life support		
Safeguarding Adults		
Safeguarding Children		
PMVA		
Health and Safety		
COSHH		
Caldecott Principles		
Fire safety		
Infection control		
Food Hygiene		

**Any Other training or Qualification**

<u>Training</u>	<u>Date</u>	<u>Verified by*</u>

*\*Verification is done by VHM Care and copies of certificates taking for file*

**Employment History**

*Please complete Employment History starting with current employer*

Name of Employer and Address	Job Role and Duties	Dates	Reason for leaving

Please explain any breaks in employment

Date of Gap	Reason

## **References**

Please list reference starting with most recent employer

### **Reference 1 – Current Employer**

Name:	Role:
Address:	Post Code:
Telephone Number	Email Address
Can be contacted before interview	YES/NO

### **Reference 2**

Name:	Role:
Address:	Post Code:
Telephone Number:	Email Address:
Can be contacted before interview	YES/NO

### **Reference 3 – Character Reference**

Name:	Role:
Address:	Post Code:
Telephone Number:	Email Address:
Can be contacted before interview	YES/NO

Do you hold a valid driving licence:            Yes / No

Licence Number.....

What transport do you have access to?

Private: \_\_\_\_\_

Public: \_\_\_\_\_

