

Post Applied for:				
Preferred Location of Work:	1		2	
Preferred Area of Work and Hours of	☐ Live In ☐ Ho	ome Care		☐ Full Time
work	☐ Older People	☐ End of Life Care	☐ Office	☐ Part Time
How did you hear about this vacancy: (If in publication, please state which one. If from current employee of Oasis				
Private Care Ltd, please state name)				
Have you previously applied for a post with Oasis Private Care Ltd?	☐ Yes ☐ No	. (If Yes, please answe	the following)	
State Post Applied for and Date:				
Personal Details	Title			
	Title:			
Forename(s) or other names				
Surname				
Address				
	P		Postcode:	
Telephone	Home: Work:			
Mobile:				
Email Address				
Car Driver: ☐ Yes ☐ No		Car Owner: ☐ Yes ☐ No		
Do you have any endorsements on your licence? (if so please outline why)		□ Yes □ No		
Are you a UK or EU/EEA national? (If so you will need to provide proof of this at your interview)		□ Yes □ No		
If you are not a UK or EU/EEA national can you provide proof of permission to work in the UK? If you cannot provide proof of permission to work in the U.K we cannot accept your application as you are unable to work legally in the UK. If you can provide proof of permission to work please state the nature of your permission to work in the UK, any restrictions on the hours you are permitted to work and the expiry date of the permission.		☐ Yes ☐ No - Describe the type of permission to work in the UK: Hours permitted to work: Expiry Date: We will require sight of the documentation which confirms that you are permitted to work in the UK at the interview stage. We may need to take a copy of the document and to carry out checks to authenticate it.		
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Fundament History	Present or most recent employment (paid or unpaid)		
Employment History	This includes any ro	oles prior to moving to the UP	〈 (if applicable)
Employer Name, Address including Post Code and Telephone Number	Date(s) employed	Current/Last Salary	Position(s) Held
			Employed
			Self Employed
Outline of Duties and Responsibili	ties:	I	
Bassan fan Landan			
Reason for Leaving Please state reason for leaving and confirm current employment status:			
riease state reason for leaving and c	oniimi current emplo	yment status:	
		Number of Week	s Notice Required:



Previous Employment	Please list in chronological order, with your most recent post listed first, including temporary, casual and short term jobs (Please give your full employment history since leaving school. If you require extra space please attach an additional sheet)		
Employer Name, Address including Post Code and Telephone Number	Date(s)	Position(s) held and	Reason for leaving
	employed	salary	
Outline of Duties and Responsibilities			
Employer Name, Address including Post Code and Telephone Number	Date(s) employed	Position(s) held and salary	Reason for leaving
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Employer Name, Address including	Date(s)	Position(s) held and	Reason for leaving
Post Code and Telephone Number	employed	salary	



Outline of Duties and Responsibilities			
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Gaps in Employment	Please give details giving dates and re	of all periods when not easons	in employment,
Dates from:	То:	Reason:	
Dates from:	То:	Reason:	
Dates from:	То:	Reason:	
Dates from:	То:	Reason:	
Have you ever been dismissed from a including redundancy? If so, please g		nd an employment contr	act terminated for any reason
Have you been subject to disciplina subject of any disciplinary process no			
Voluntary Work Experience		Languaga Skilla	
Give details of any voluntary or unpaid experience	including care of others	Language Skills List all languages spoken flue working knowledge	ently and those in which you have a good



Please tell us why you are applying for this post and why you want to work for Oasis Private Care Ltd	If in current employment, please explain why you are looking for a new post:
Do you have any restrictions in your working hours or availability?	
Please note our requirements in respect of working hours as detailed within the Job Description	

General Education		Qualifications Achieved	
School/College	From	То	Subject/courses studied, level and grade (eg, GCSE, 'A' Level, GNVQ etc)
Further and Higher Education			Qualifications Achieved
College/University	From	То	Subject/courses studied, level and grade (eg, BA History 2:1)
Professional Training		Qualifications Achieved	
College/University	From	То	Subject/courses studied, level and grade (e.g., BA Social Work/DipSW 2:1)
Professional Membership of Re	Professional Membership of Registered Bodies		Registration No/Renewal Date



Name of Professional Body and Level of Membership	Date		Nurses, please give PIN No. Social Workers please give GSCC Registration No
			g gg
NVQs and other work-related qu	ualifications		Qualifications Achieved
College/Training Provider	From	То	Awarding body, level and grade if applicable (eg, Edexcel NVQ 4 Pass)
Other vocational and work-relat	ed training ur	ndertaken	
List subjects, e.g., First Aid	Duration (e.g	., 1 day)	Level (if appropriate)
Additional Supporting Informati			e have you gained in your current and previous jobs experience, which you feel would be relevant to the
	job The	you are appl	ying for? ion and person specification outline the values, skills,
abilities, knowle		lities, knowled	ge and personal qualities required for this post and the
			ntinue on a separate sheet if necessary. If you wish to her information, please do so.



References	Please supply the names and addresses of two professional referees who have agreed to provide a reference. It is essential that one of your referees must be your current or most recent employer* and that your referee is/was your line manager and not a colleague, relative or friend. Both references cannot be from the same company. References will be verified to ensure authenticity. Failure to provide the above can result in your application being withdrawn. *If previously self-employed, please provide two professional referees and detailed information regarding your self-employment		
Current employer or most recent employer details	Company	ar con omproy	
(Duainaga Addressa	Name		
(Business Addresses Only)	Position		
	Address		
	, tadiooo	Post Code:	
	Tel		
	Fax		
	Email		
	Can this reference be conta	acted prior to in	terview Yes / No
Previous employer (if not applicable an academic referee)	Company		
/Dusings Address	Name		
(Business Addresses Only)	Position		
	Address		
	, radioso	Post Code:	
	Tel		
	Fax		
	Email		
Can this reference be contacted prior to interview Yes / No			
* Unless indicated otherw	ise all referees will be cont	acted following	ng your invite to individual interview.
Have you ever been convicted of any criminal offence? Please note that all positions are subject to an enhanced CRB check. You will be asked to declare all criminal convictions in further details if an offer of employment is made.			



DATA PROTECTION ACT

In accordance with the Act, you should be aware that the personal details submitted with this application form will be used only for selection and interview procedures; and for employment records if the application is successful.

DECLARATION

I declare that, to the best of my knowledge and belief, all statements contained in this form are correct and I understand that should I conceal any material fact, I will, if engaged, be liable to the termination of my contract of service with such notice as may be appropriate.

Name	Signature
Date	

Post Application to:

Oasis Private Care Ltd John Eccles House Robert Robinson Avenue Oxford Science Business Park OX4 4GP

OR

Email it to:

info@oasisprivatecare.co.uk