TLC Nursing & Homecare Plus LTD

EXCELLENCE HEALTHCARE
ANY DAY, ANYWHERE

60 Pen Y Bryn, Wrexham

LL13 7HY

Tel 01978 351596

Email: admin@tlcnursingandhomecare.co.uk

Application Form

Personal Information: **Date:**

1. FIRST NAME- SURNAME-

TITLE-(Mr/Mrs/Miss/Ms/Dr)

DOB- **Nationality-**

2. ADDRESS-

3. CONTACT NUMBERS- Home- Mobile-

4. E MAIL ADDRESS-

5. N.I.NUMBER-

6. EMERGENCY CONTACT-

7. FULL DRIVERS LICENSE? YES/NO

8. HAVE YOU EVER RECEIVED A CONVICTION/CAUTION? YES/NO

DETAILS-

Welsh speaker: **Yes** **No**

Specify any other Languages spoken……..

Are you Legal in the United Kingdom? **Yes** **No**

9. QUALIFICATIONS/TRAINING

QUALIFICATION	DATE OBTAINED	COLLEGE	EXAM BODY

10. EMPLOYMENT HISTORY: Please start with current employment- Leave no gaps /explain the gaps

NAME OF EMPLOYER	START DATE	JOB TITLE	REASON FOR LEAVING

Name:	Name:
Work Address: Contact No: E-mail:	Address: Contact No: E-mail:
Job title:	Capacity known:
Years known:	Years known:

11. PREFERRED HOURS:

7.00am –2.00pm	**2.00pm – 10.00pm**	**Nights**

12. REFERENCES: You must include your current/most recent employer.

In order to protect the public, the post for which application is being made is exempt from Section 4 (2) Of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1974. It is not therefore in any way contrary to the Act to reveal any information you may have concerning convictions which would otherwise be considered "spent", in relation to this application.

Please note – Information will be verified and shared with relevant bodies as standard checking procedure e.g. Immigration Department, DBS/CRB.

I declare that to the best of my knowledge the information given is true and I understand that employment will be considered subject to the information being correct.

SIGNED..... **PRINT**: ……

DATE: .....

Revised June 2025