

# ADVENT CARE TEAM Ltd

## APPLICATION FOR MEMBERSHIP

Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Forename(s) in full: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

Your email address/addresses: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

National Insurance No:

N I Category: Full Reduced Exempt

Name of Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

### NEXT OF KIN

Surname: \_\_\_\_\_

Forename(s) in full: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

### MONITORING INFORMATION

Advent Care Team aims to select members solely on merit, irrespective of race, age, sex or disability.

Marital Status  
Married  Single  Other

Sex  
Male  Female

Ethnic Origin  
African  Asian  Caribbean  UK European  Other European  Other

Disability  
Are you disabled? Yes No

FURTHER/HIGHER EDUCATION

College or Establishment Attended	Qualifications Obtained	From: Month/Year	To: Month/Year
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			

EMPLOYMENT

Current or Most recent employer including voluntary work	Qualifications Obtained	From: Month/Year	To: Month/Year
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			

Advent Care Team Ltd. will offer regular training opportunities on relevant care topics. All Care Team Members are subject to regular training updates starting with your personal Induction Programme.

### REFERENCES

Please provide details of 2 referees who can provide information relating to your competence in a caring or domestic role. One of whom should be your present or most recent employer.

Name	_____	Position	_____
Address	_____	Telephone number	_____
	_____	E mail address	_____
Postcode	_____	Can we approach prior to interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name	_____	Position	_____
Address	_____	Telephone number	_____
	_____	E mail address	_____
Postcode	_____	Can we approach prior to interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### CRIMINAL RECORDS BUREAU DISCLOSURE

#### Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is such a kind as to enable the holder to have access to the persons in receipt of such services in the course of his/her normal duties. If selected for interview I agree to complete an application for criminal records bureau disclosure and will be required to contribute to the required fee.

### DECLARATION

I Confirm that I am 18 years of age or over, and that I am eligible to work in the UK.  
I declare that all the information given is true and I understand that any false or misleading information may result in my removal from Advent Services register.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If there is anything that you would like to add that has not been covered by this form then please write it here.