

# Qualitylifestyle Homecare

Quality Lifestyle Ltd, Unit 36 City Business Park, Somerset Place, Plymouth, PL3 4BB  
Telephone: 01752 657574 Email:homecare@qualitylifestyleltd.co.uk  
[www.qualitylifestyleltd.co.uk](http://www.qualitylifestyleltd.co.uk)

Please circle which position you are applying for:

**Homeland** (residential home)    **The Lodge** (residential home)    **Homecare** (domiciliary care)

**Full Time**

**Part Time**

**Days**

**Nights**

Surname: \_\_\_\_\_ Mr/Mrs/Miss/Ms    Current Full Driving Licence: Yes/No

Forenames: \_\_\_\_\_

Length of time UK licence held: \_\_\_\_\_

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

Car available:    Yes     No

\_\_\_\_\_ Details of penalty points: \_\_\_\_\_

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

Are you Registered disable: Yes     No

Home Telephone No: \_\_\_\_\_

If yes – Registered No: \_\_\_\_\_

Mobile Telephone No: \_\_\_\_\_

National Insurance No: \_\_\_\_\_

Name and Address of Current Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Held: \_\_\_\_\_

Contracted Hours per week: \_\_\_\_\_

Salary: \_\_\_\_\_

Place of work: \_\_\_\_\_

Why do you wish to leave present employment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a legal right to live and work in the UK?    Yes / No

If yes, it will be necessary to ask for documentary evidence of the above.

**Previous Employment History** Please record complete employment and detail any gaps...  
 (Use separate sheet if necessary)

Employer Dates/Period of employment	Post held/ Brief description of main duties	Reason for leaving

**History of Education**

School/College/University/Training	Degree/Diploma/Qualification Passed	Grade obtained Date

Qualification currently being studied for: \_\_\_\_\_

Completion date: \_\_\_\_\_

Details of Training courses attended	Certificate obtained / Date

**Please give further information of your present and previous Employment along with any other information in support of your application: (Use separate sheet if necessary)**

**References:** Please provide name, address and telephone number of 2 persons, one of whom should be your present employer or last employer if not currently employed.

1/ \_\_\_\_\_ 2/ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal  Professional

Personal  Professional

May we apply for reference 1 now?  
Yes / No (Delete as applicable)

May we apply for reference 2 now?  
Yes / No (Delete as applicable)

If you do not wish your employer to be approached unless you are shortlisted to attend for interview please put a cross in the box:

**Rehabilitation of Offenders Act 1974, Exemption Order 1975:** This post is exempt from the above act. You are not entitled to withhold details of any convictions no matter when they occurred. Failure to disclose this information could result in your contract being terminated.

Have you received a court conviction, reprimand, warning or caution? Yes  No

If yes please give details below:

**If your application is successful, an enhanced Criminal Records Check will be undertaken.**

I declare that the information given by me on this form is, to the best of my knowledge accurate and true. I am prepared to undertake a health screening appointment if necessary and there are no known health reasons which may affect my ability to undertake the duties of the post. I confirm that this application form has been completed by me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If you are submitting this form electronically we will accept a typed-in name as your signature.