



Elim Care Solutions Application Form

1. Personal Information

Title (Mr / Mrs / Ms / Dr / Other)	
Photograph	
First / Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
National Insurance Number	
DBS Certificate Number	
Home Phone	
Mobile Phone	
Email Address	
Address	
Postcode	
Notes (Office use only)	

2. Passport / Visa Details

Passport Nationality	
Passport Expiry Date	
Type of Visa / Work Permit Held	
Visa / Work Permit Expiry Date	
Visa Restrictions (if applicable)	



3. Position Applied For

Tick appropriate boxes.

Carework		Healthcare Professional	
Support Worker		Qualified Nurse	
Hospital HCA		Midwife / Health Visitor	
Other (Specify)		Health Care Assistant	
		Social Worker	
		Radiographer/Sonographer	
		Non-Medical / Non-Clinical	
		Other (Specify)	

4. Qualifications

School / College / University	Address	From (MM/YY)	To (MM/YY)	Qualification Gained

5. Employment History

(From school leaving age in reverse order, including gaps)

From (MM/YY)	To (MM/YY)	Employer Name & Address (incl. Tel)	Job Title & Specialities	Reason for Leaving



6. Professional References

(One reference must be your current Employer and both references need to cover the last 3 years)

7. Emergency Contact / Next of Kin

8. Confidentiality Agreement

I understand that any information regarding patients or clients is confidential and must not be disclosed to anyone outside the organization. Breach of confidentiality is considered serious misconduct.

9. Rehabilitation of Offenders Act 1974

Do you have any convictions, cautions, reprimands, or final warnings not “protected”?

Yes No

If yes, provide details: _____



Did you hold a DBS issued in the last 12 months?

Yes No

DBS Number: _____ Issue Date: _____

Is your DBS registered with the Update Service?

Yes No

10. References Consent

Do you give permission for us to obtain references covering the last 3 years?

Yes No

11. Declaration

By signing this form, I declare that the information provided is complete and accurate to the best of my knowledge. I understand that providing false information may disqualify me from registration, with possible referral to regulatory bodies. I consent to audit assessment of my file by relevant third parties.

Name

Signature

Date