STRICTLY CONFIDENTIAL

Le Bas Centre, St. Saviour's Road, f: 01534 443699 St. Helier, Jersey JE2 4RP

t: 01534 443600

e: enquiries@fnhc.org.je

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Application for



Association of Jersey Charities membership no.115

employme				Our ref:Please complete Note: A CV shou	this form in E	BLACK pen.
Position applied for:						
1. Personal details Pleas	e complete in BL	OCK LETTERS				
Surname			Forename(s)			
Contact address						
			Post code			
Telephone (home)			Telephone (work)			
Telephone (mobile)			Email address			
I have five years (or more) contin If 'no' do you qualify under a diffe			S No			
2. Educational/occupat	tional qualifi	cations Seco	ndary education			
CSE/GCSE or equivalent	Grade	Year taken	A-level or equivalent		Grade	Year taken
	. 7/	7.1				
3(a). Professional/tech			anguages etc			
Qualifications/course	Training o	Training organisation			Date from	Date to
	PIN numb	PIN number if applicable				
		11				
3(b). Membership of pr	rofessional b	odies not alı	ready listed			

4. Training and of With reference to this p (This may be in a role of	ost please give a cor			evant experience and training.			
Course (e.g. diploma/d	egree or equivalent)	Date from	Date to	Course title	Standard attained		
5. Employment I Starting with your prese compare your experient 5(a). Present or	ent post, list in revers nce with the requirem	ents of the job	for which		hree jobs in detail so that we can		
~ /	To: month/year	Current salar		Other benefits			
	,	wage		Title of post			
Name and address of e	emplover						
	17 -			Number and kind of employees	s supervised by you		
Nature of business				Period of notice			
Precise reasons for leav	ving or wishing to leav	/e					
Description of your duti	es						
Do you belong to a con	tributory/non-contrib	outory pension	scheme ⁶	?			
5(b). Previous en	mployment						
From: month/year	To: month/year	Salary/wage		Other benefits			
				Title of post			
Name and address of e	employer						
				Number and kind of employees	s supervised by you		
Nature of business							
Precise reasons for leav							
Description of your duties							

5(c). Previous	employment				
From: month/year	To: month/year	Salary/wage	Other benefits		
			Title of post		
Name and address of	of employer				
			Number and kind of employees	supervised by you	
Nature of business					
Precise reasons for le					
Description of your d	uties				
5(d). Previous	employment				
From: month/year	To: month/year	Salary/wage	Other benefits		
			Title of post		
Name and address of	f employer				
			Number and kind of employees	supervised by you	
Nature of business					
Precise reasons for le	eaving				
Description of your d	uties				
5(e). Previous	omploymont				
Date from	Date to	Name and address of employer Title of post		Title of poet	
Date from	Date to	Name and address	oi empioyer	Title of post	
If there is insufficient space on the form, please go on to a continuation sheet					
6. Additional in		ular experience/know	ledge/skills or competencies vou h	nave which you consider would	
Please give us a brief account of any particular experience/knowledge/skills or competencies you have, which you consider would be especially useful in the post for which you are applying (continue on a separate sheet if necessary)					

7. Driving licence				
Do you hold a current driving licence? Yes No				
O. Channightians				
8. Convictions				
Have you any criminal convictions? Yes No				
If 'yes' please give brief details				
9. References Family Nursing & Home Care will not approach your present employer prior to interview without your agreement. Please note: Referees should not be related to you.				
*I do / do not wish my present employer to be contacted before int	erview. *Delete as appropriate			
Reference 1 (employer)	Reference 2 (employer)			
Name	Name			
Authority/company	Authority/company			
Address	Address			
Telephone number	Telephone number			
10 Declaration				
10. Declaration				
I hereby declare that the details shown are correct and complete and I am in agreement with the information provided being processed within the guidelines of the Data Protection (Jersey) Law 2005. I understand that any false information I have given may result in disqualification from the selection process or, where discovery is made after appointment, in summary dismissal.				
Applicant's signature	Date			

Please return this form to:

Human Resources Department
Family Nursing & Home Care
Le Bas Centre,
St. Saviour's Road,
St. Helier,
Jersey JE2 4RP

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