



LINK CARE Application Form

Link Care is an equal opportunities employer

EMPLOYMENT (please attach your CV) Please explain gaps in employment

Employer	Job Title and duties	Reason for leaving	From When To When

REFERENCES

Please provide us with the names of two people who can provide us with a reference as to your suitability for this post. The first one should be your present (or most recent) employer

Name: Position: Organisation: Address: Email address: Tel no: Is this your current employer? Yes/No Are they related to you? Yes/No	Name: Position: Organisation: Address: Email address: Tel no: Is this your current employer? Yes/No Are they related to you? Yes/No
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I declare that, to the best of my knowledge, all parts of this form have been completed and are accurate and apply for the position conditionally upon this declaration. I understand this post is subject to a **Disclosure and Barring Check** and **two satisfactory references**. This has been explained to me and I am aware that 'unspent convictions' must be disclosed. I hereby declare that the information I have given above is true and I give my consent to the checks being made.

Signature: Date:

Postal applications – Please return to The Link Care Nursing Agency, 28 Chislehurst Road, Orpington, BR6 0DG
 Email: careers@linkcare.co.uk