



THE LILIES LTD  
Block A, Liverpool Business Centre  
25 Goodlass Road  
Speke  
Liverpool  
Merseyside  
L24 9HJ  
Tel: 0151 203 6518  
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## APPLICATION FORM Health Care Assistant

**PLEASE COMPLETE ALL SECTIONS:**

### 1. PERSONAL DETAILS

Last Name: \_\_\_\_\_ First Names: \_\_\_\_\_  
Mr/Mrs/Miss/Ms: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_

Post Code: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_  
NI No: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_  
Next of Kin Name & Address: \_\_\_\_\_

Post Code: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

### 2. PREFERRED WORK

Please Tick: Full-Time  Part-Time  Day Duty  Night Duty

Preferred areas: \_\_\_\_\_

Do you hold a current UK drivers licence?

Yes  No

Do you have a car available for use?

Yes  No

### 3. REFERENCES

Please give the names of two referees from your last two places of work

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Fax No: \_\_\_\_\_ Fax No: \_\_\_\_\_

### 4. BANK DETAILS

Bank Name: \_\_\_\_\_ Sort Code: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_



## 8. DECLARATION

I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made. Because of the sensitive nature of the duties the postholder will be expected to perform, I understand that I will have to undertake a DBS Enhanced Disclosure and ISA Adult First check. In order to comply with the Conduct of Employment Agencies and Employment Businesses Regulations 2003, I consent to personal data being shared with clients and other public bodies where required by law. If a Client wishes to employ me direct, I acknowledge that The Lilies Ltd will be entitled either to charge the client an introduction/transfer fee, or agree to an extended period of supply.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form, when completed, to our head office address at:

The Lilies Ltd  
Block A, Liverpool Business Centre  
25 Goodlass Road  
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