



Have you had any training in:

Health & Safety procedures

\*YES / NO

First Aid

\*YES / NO

Any other training you feel may be relevant to working with the elderly (If YES, please specify below, ie communication skills, moving and handling etc. )

Hobbies/Interests:

Do you have any medical conditions that you think we should know about

\*YES / NO

If yes, please detail here.

Please provide names, addresses and telephone numbers of two referees. These should not be related to you. They must also be over 18 years of age and must have known you for two years or more.

Table with 2 columns and 6 rows for referee details: Name, Address, Furnace, Post code, Telno., Capacity in which the referee is known to you.

All information given will be treated in the strictest confidence.

Thank you for your application / Diolch amech cais.

Applicant's

Signature

Date signed

Signature line

Print Name

Print Name line

Please return this form to Age Concern Sir Gâr, 8 Murray Street, Llanelli SA15 1DZ, telno. 01554 784080

\*(please delete as appropriate)