

APPLICATION FORM

PLEASE COMPLETE FULLY AND IN CAPITALS

Position applied for:	
Approx. no. of hours wanted	
Full-time / part-time (please circle which you want to work)	Days/ Nights/Mornings/Afternoons/ Evenings/ Weekends only (please circle which you are able to work)
Surname:	First name(s):
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
Current address:	
Post code:	Moved to this address on (date):
Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
Telephone number (home):	Telephone number (work - <i>will be used with discretion</i>):
Own Transport (Yes/No):	Clean current driving licence:
How long has your licence been held?	Endorsements:
Details:	

EDUCATION

School/College/University	Examinations Passed/Qualifications gained <i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/ Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

SHORT COURSES ATTENDED

Subjects	Location

EMPLOYMENT HISTORY

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of Employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Other roles (use additional sheet):	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?	
Yes / No	
If yes, please give details:	
Any offer of employment may be made subject to a satisfactory medical report.	
GP's name:	
Tel no:	
Address:	
<i>(Your GP will not be contacted without your permission)</i>	

NEXT OF KIN

Full name:	
Relationship:	
Tel no:	
Address:	

ADDITIONAL INFORMATION

Please complete this section
 Tell us why you are applying for a position caring for people with Memories Home Care Ltd.?

.....
 What do you feel makes a good career?

.....
 How do you think your work make difference?

.....
 What is your favorite novel / film / music?

.....
 Title and author of novel / title of film / music:

IDENTITY DETAILS

National Insurance Number:	(all applicants)
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ELIGIBILITY TO WORK IN THE UK

Please check the disclosure information sheet and if the post for which you are applying is on it please complete the disclosure section below.

Under the Asylum and Immigration Act 1996 it is a criminal offence to employ someone who does not have permission to work in the UK. Any offer of employment will be subject to production of appropriate identity documentation. All documents need to be originals.

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? If yes, please provide details.	Yes / No <i>(delete as appropriate)</i>
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If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No (<i>delete as appropriate</i>)
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Note: Minimum age legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

CURRENT OR MOST RECENT EMPLOYER

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

PREVIOUS EMPLOYER TO THE ONE ABOVE

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Character reference

Name:	
Address:	
Post code:	
Tel No:	
Relationship to you:	

GENERAL DETAILS

Are you a close relative of any member of Memories Home Care Ltd.'s staff, Boards of Management, or it's customers/clients?

Yes
No

Have you previously worked for or supplied services to Memories Home Care Ltd.?

Yes
No

To help Memories Home Care Ltd. in the implementation of its Equal Opportunities Policy, we should be grateful if you would complete and return this form. Once received, it will be separated from your application and the information you give will be kept confidential from the selection panel. It will not be taken into account in any way. The purpose of any future processing of this data will be to monitor the effectiveness of our Equal Opportunities Policy, in a manner that maintains anonymity.

1. How did you learn of the vacancy?

- | | |
|--|---|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> The Evening Standard |
| <input type="checkbox"/> Google Ads | <input type="checkbox"/> Camden Journal |
| <input type="checkbox"/> leaflet, flyer | <input type="checkbox"/> Metro journal |
| <input type="checkbox"/> Nursing Standard | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Memories Home Care Ltd. website | <input type="checkbox"/> Other website (please specify) |
| <input type="checkbox"/> Other (please specify) | |

2. What gender are you? X Female Male

3. What is your ethnic group? NB these categories are recommended by the Commission for Racial Equality.

Choose ONE section from A to E, then tick the appropriate box to indicate your background.

A WHITE British

- English
 Scottish
 Welsh
 Other (please write in) _____

- Irish
 Any other White background, please write in:.....

B MIXED

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background, please write in _____

C ASIAN, ASIAN BRITISH, ASIAN ENGLISH, ASIAN SCOTTISH or ASIAN WELSH

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background, please write in _____

D BLACK, BLACK BRITISH, BLACK ENGLISH, BLACK SCOTTISH or BLACK WELSH

- Caribbean
 African
 Any other Black background, please write in _____

E CHINESE, CHINESE BRITISH, CHINESE ENGLISH, CHINESE WELSH or any other ethnic group

- Chinese
 Any other background, please write in _____

4. What age group are you in?

- 16-21 22-29 30-39 X 40-49 50-59 60+

5. Do you have a disability? Yes X No

DECLARATION

I declare that the information contained in this application is correct to my knowledge and belief. I

understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information. I consent to Memories Home Care Ltd. checking any information I am unable to verify personally. I acknowledge and accept that my data will be stored securely in manual and automated records and will be processed solely by Memories Home Care Ltd. in connection with the recruitment and equal opportunities monitoring and my personnel records if I am the successful candidate. (Data Protection Act 1998)

CRIMINAL RECORD

Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.
You will not be eligible for work in a Care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorize the organization to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.

Signed: _____

Date: _____