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| Post Applied for: | | | | Post Ref: | |
| Closing Date for Applications: | | How did you hear about the job? | | | |
| Completed forms should be returned to:  Name and address   * 8 Park House, * Grove Ash Mount Farm, * Milton Keynes, * Buckinghamshire, * MK1 1BZ * United Kingdom   Important Notice, please read:  This service is committed to providing equality of opportunity in all applicants. We welcome all applications from people who feel they are able to carry out the required duties regardless of previous experience.  Successful applicants will be asked to provide an Enhanced Disclosure Certificate, detailing all criminal convictions against your name, as supplied on application from The Criminal Records Bureau.  In addition, the manager will request information from the Independent Safeguarding Authority (ISA) to confirm that your name is not included on a list of people who are not considered suitable to work with vulnerable adults.  Disclosure information will not be used for any other purpose than in connection with this application and a criminal record will not necessarily be a bar to employment.  No offer of employment will be withdrawn without discussion with the applicant. | | | | | |
| **About You:** | | | | | |
| Surname: | | First Names: | | | |
| Home address:  Postcode  Email Address: | | | | Date of Birth:  National Insurance No: | |
| Home Tel: | |  | | Mobile Tel: | |
| Mob: | | Can we ring you at work? YES / NO | | | |
| **Next of Kin**  Name/Surname: | | Relationship:  Contact number: | | | |
| Are you related to anyone who works here now or in the past? YES / NO  If “Yes”, please give details: | | | | | |
| **About Your Education:**  Tell us about your education and the schools that you attended from the age of 13 | | | | | |
| Name of School or College | | Dates from  And To | | Exams passed, results or qualifications including grades | |
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| Please provide certificates as a proof of your qualifications | | | | | |
| Course details | | | | Date | |
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| Do you hold a current driving licence? Yes / No | | | | | |
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| **About Work:** | | | | | |
| Employer | Job title and duties | | | Salary / wages | From When  To When |
| Current Employer |  | | |  |  |
| Previous employer |  | | |  |  |
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| Please describe any voluntary work that you have done: | | | | | |
| **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.  You should tell us if this is not the case.  Neither of the references will be contacted prior to an offer of employment being made | | | | | |
| Name: …………… Neil …………………....  Position: ……………………………....  Organisation: ………………………....  Address:  E-mail Address:  Postcode: ...…………………….……...  Tel. no. work: …………….……....  Tel. no. other: ……………..……….....  Is this your current employer?  YES / NO  Are they related to you?  YES / NO | | | Name: ……………………………....  Position: ……………………………....  Organisation: ……………………….....  Address:  E-mail Address:  Postcode: .……………………..……...  Tel. no. work: ……………….……....  Tel. no. other: ……………..……….....  Is this your current employer?  YES / NO  Are they related to you?  YES / NO | | |

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| **Health Questionnaire** | | | | | | | |
| **Regulation 21, Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 requires that all employees who work in care homes are both physically and mentally fit to undertake their duties.**  Please answer the following questions: | | | | | | | |
| 1. How many days were you absent from work due to sickness in the   last year? | | | | | | | No. of  Days: ....none.... |
| 2. Have you ever suffered from:  Allergies, eczema, dermatitis or other skin troubles? | | | | | | | YES / NO |
| 3. Do you suffer from:  Epilepsy, migraine, asthma, angina, heart trouble or any condition  requiring long-term medical help or an ongoing programme of   medication | | | | | | | YES / NO |
| 4. Have you ever suffered from:  Mental illness including anxiety, stress, depression or nervous   debility? | | | | | | | YES / NO |
| 5. Have you ever required treatment for:  Hernia or rupture, rheumatism, back problems, slipped disc,   sciatica or Repetitive Strain Injury (RSI)? | | | | | | | YES / NO |
| 6. Do you suffer from:  Diabetes, ulcers, stomach or other intestinal disorders? | | | | | | | YES / NO |
| 7. Have you had a BCG vaccination in relation to Tuberculosis  I you answered yes please state when | | | | | | | Date NO |
| 8. Have you been diagnosed with HIV/AIDS? | | | | | | | YES / NO |
| 9. Do you regularly and/or currently use any form of medication? | | | | | | | YES / NO |
| Do you have any of the following: | | | | | | |  |
| A cough which has lasted for more than 3 weeks | | | | | | | YES / NO |
| Unexplained weight loss | | | | | | | YES / NO |
| Unexplained fever | | | | | | | YES / NO |
| Have you had any of the following immunisations: | | | | | | |  |
| Have you ever had chicken pox or shingles? | | | | | | | YES / NO  Date |
| Triple vaccination as a child (Diphtheria/ Tetanus/ Whooping cough) | | | | | | | YES / NO  Date |
| Polio | | | | | | | YES / NO  Date |
| Hepatitis C | | | | | | | YES / NO  Date |
| Rubella (German Measles) | | | | | | | YES / NO  Date |
| Measles | | | | | | | YES / NO  Date |
| Tuberculosis | | | | | | | YES / NO  Date |
| Tetanus | | | | | | | YES / NO  Date |
| Hepatitis B (If yes ticked please give details below) | | | | | | | YES/ NO |
| Course: | 1 |  | 2 |  | 3 |  |  | | |
| Boosters: | 1 |  | 2 |  | 3 |  |  | |
|  | | | | | | |  | |
| 8. Do you smoke cigarettes? Please state how many per day | | | | | | |  |
| 9. Do you use cannabis? Please state how often per day/week | | | | | | |  |
| 10. Do you drink alcohol? Please state how many units per day/ week | | | | | | |  |
| If you have answered yes to any of the health questions on the above questions, please provide further details below.  Declaration:  I confirm that I know of no reason, in relation to my physical and /or mental health why I would not be able to undertake the duties required for the post applied for.  Signed: …………………………………………………………….. Date: ………………………………….. | | | | | | | |
| I can confirm that I am fit to work night shift and understand that is essential that I remain awake for the duration of my shift.  If for any reason, I am aware that I am unable or finding it difficult to remain awake, I accept it is my personal responsibility to inform my line manager immediately. Failure to do so could lead to suspension and disciplinary procedures.  In compliance with the implementations of The Working Time Regulations, MECS LTD recommends that working time (including any time that you personally provide your services to anyone else) should not exceed 48 hours per week (average over a period of 17 weeks). I agree to inform MECS LTD, if I have worked more than 48 hours per week.  Print Name…………………………………………………………………………………………  Signature …………………………………………………………………………………………..  Date ………………………………………………………………………………………………….. | | | | | | | |
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| **Tell Us More** | | | | | | | |
| Please use this space to tell us more about yourself and to add information that you feel is important in your application.  Tell us more about any additional skills you have, hobbies, interests and achievements.  Please continue on a separate sheet if you wish. | | | | | | | |

**CRIMINAL CONVICTIONS**

The Rehabilitation of Offenders Act 1974 requires applicants to give details of any convictions that are not spent. Failure to disclose such convictions could result in disciplinary action or dismissal.

Do you have any previous convictions? Yes □ No□

If yes, please detail offence(s) including date(s) and sentence(s) on a separate sheet. (Or please state below)

I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false, I might be dismissed.

Signed: ………………………………………… Date: ………………….………

**\*\*Important\*\***

Please make sure that you have signed and dated the Medical Health Questionnaire Form Above.

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| Data Protection Information  The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed.  The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal. |

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| Title: Mr /Mrs /Miss /Ms | | | | | | | | | |
| Surname | |  | | | | | | | |
| First Name(s) | |  | | | | | | | |
| Address: | | | | | | | | | |
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|  | | | | | | | | | |
| Date of Birth | | | | | | | | | |
| Nationality | | | | | | | | | |
| National Insurance Number | | | | | | | | | |
| Agreed Hourly Pay Rate £ | | | | | | | | | |
| Bank Name | | | | | | | | | |
| Branch | | | | | | | | | |
| Sort Code |  | |  |  |  |  |  |  |  |
| Account Number |  | |  |  |  |  |  |  |  |
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| I confirm that details given are correct. If bank details are completed I confirm that this is the bank I wish to have my salary pay into. | | | | | | | | | |

Print Name…………………………………………………………

Signature……………………………………………………………

Date………………………………………………………………