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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:  Unit 2  121 Sibson Road  Birstall  Leicester  Leicestershire  LE4 4ND  enquiries@2mhealthandhomecare.co.uk  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  No offer of employment will be withdrawn without discussion with the applicant.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: | | | |
| National Insurance No. | | | Date | | | |
| Home address: | | | | | Date of Birth:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Home Tel: | | Email Address: | | | Work Tel: | |
| Mobile: | | Can we ring you at work? YES / NO | | | | |
| 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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| **About Work:** | | | | | | |
| Employer | Job title and duties | | | | Salary / wages | From When  To When |
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| **Current or most recent Job** | | | | | | |
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| **Job Title:**  **Employer:**  **Address:**      **Postcode:** | | | | | **Date appointed:**  **Date left (if applicable):**  **Reason(s) for leaving**  **(if applicable)**: …………………………………….  ……………………………………………………….  **Salary** | |
| 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. | | | | | | |
| Name: ……………………………………………………………….  Position: …………………………………………………….……....  Organisation: …………………….................................  Address:    Postcode: ...…………………………………………………....  Tel. no. work: ………………………………………………....  Tel. no. other: ……………………………………………......  Is this your current employer?  YES / NO  E-MAIL …………………………………………………………………………….  Are they related to you?  YES / NO | | | | Name: …………………………….........................................  Position: ……………………………......................................  Organisation: ……………………….....................................  Address:  Postcode: ……………………….......................................  Tel. no. work: …………………........................................  Tel. no. other: …………………........................................  Is this your current employer?  YES / NO  E-MAIL ……………………………………………………………………………….  Are they related to you?  YES / NO | | |

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| **How is your Health?** | |
| **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: ........ |
| 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 |
| If you have answered yes to any of the health questions on the previous page, 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: ……………………………… | |
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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. | |

Do you hold a current driving licence? Yes / No

I certify that 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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| **Data Protection Information**  The information which you have supplied on this form will be processed and may be held on computer.  The information will also be used for equality monitoring and statistical purposes.  By submitting this form, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal. |

This service is committed to ensuring that staff are allowed to develop so as to maximise their individual potential without limit on the opportunities available to them at the service.

Please circle as appropriate:

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| Ethnicity | | | | |
| **How would you describe yourself. Are you:** | | | | |
| White | African | European | Asian | Chinese |
| English | Scottish | Hispanic | Indian | Welsh |
| African Caribbean | | Pakistani | Irish | Mixed |
| Other, Please specify: ……………………………………………………………… | | | | |

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| Age | | | | | | | |
| **Which age range do you sit within?** | | | | | | | |
| 16 – 21 | 22 - 25 | 26 - 30 | 31 - 35 | 36 – 40 | 41 - 50 | 51 - 60 | 61 – 65+ |

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| Gender |
| **Are you:**  **(Delete Inapplicable)** |
| MALE / FEMALE |
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| **Disability** |
| IMPORTANT NOTE:  The information in this section will be disclosed to the Recruiting Manager if you are short listed for interview. Under the Disability Discrimination Act 1995, a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.  Do you consider yourself to have a disability? YES ❑ NO ❑ |
| If YES, what is your condition?  Does the nature of your disability lead you to require any special equipment/ facilities etc. in your workplace? YES ❑ NO ❑  If YES, what is required?  Is there anything you would like to suggest to us which would facilitate your full participation if selected for interview- (for example, wheelchair access)?  Are you registered disabled? YES ❑ NO ❑  If yes what is your registration number:  Are you disabled but not registered? YES ❑ NO ❑ |

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| **Bank Details** |
| Your Bank Details (To be used to deposit)  ………………………………………………………………………………………………  Account Name  …………………………………………………………………………………………….  Account Number ……………………………………………………………………….  Sort Code umber………………………………………………………………………..  Branch Address:  .............................................................................................................................................  .............................................................................................................................................  Post Code:  .............................................................................................................................................  Ref No (Building Societies)  **.**............................................................................................................................................ |