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| **Personal Information**  |
| **Last name:**  |  | **Title: (e.g. Ms/Mr)** |  |
| **ithMiddle name:** |  | **Date of Birth:** |  |
| **First name(s):** |  | **NI Number:** |  |
| **Previous Surname(s): (if applicable)** |  | **Daytime telephone number:** |  |
| **Do you require a work permit to enable you to work in the UK?**  | **☐Yes ☐No**  | **Evening telephone number:** |  |
| **Home Address:** |  | **Mobile number:** |  |
| **Postcode:** |  | **Email:** |  |
| **Do you hold a current full driving license?**  **☐ Yes ☐ No ☐ Not applicable** |

**Application Form**The information supplied on this application form will be used to evaluate your suitability for employment with Multiple Care Solutions Ltd. Please read the guidance notes before completing the forms. Once completed, please return the forms to us.

| **Education History** |
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| **Date From: (Month/Year)** | **Date to: (month/Year)** | **Secondary School /College/University/ Training Organisation:** | **Qualifications:** |
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| **Training / Short Courses** |
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| **Date From:(Month/ Year)** | **Date to:(Month/ Year)** | **Awarding Body:** | **Certification Level:** |
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| **Membership of Professional Bodies (Nursing & Midwifery Council, General Social Care Council etc)** |
| **Name:** |  | **Membership/Status:** |  |
| **Renewal Date:** |  | **Number:** |  |

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| **Employment History** Please give details of your present or most recent employment/voluntary work first and work backwards. Include all periods of unemployment; travel etc, in the space provided so there are no gaps in the record. (If you have additional previous employment, please give details on a separate sheet using the same format) |
| **Date from:****(month/year)** | **Date to:****(month/year)** | **Employer’s name and address and nature of business:** | **Job titles and brief description of duties:** | **Current salary or final salary (for last post only) & reason for leaving:** |
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| **Gaps in Employment** Please provide information of any gaps in employment (Verification of employment gaps will be required if an offer of employment is made) |
| **Date From:** | **Date To:** | **Reason/s for gap:** |
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| **References** Please ensure that you give a minimum of two references, which cover **at least the last five years of your employment.** The **first** of your references must be your **present employer and your relevant line manager.** If you are unemployed, this should be your last employer, or if this is your first job, your head-teacher or college tutor. Please note that Multiple Care Solutions reserves the right to take up references in respect of **any** previous employment paid or unpaid, without further notification to you. \*  |
| **Current/Most Recent Employer (Reference 1)** |
| **Name:** |  |
| **Job title:** |  |
| **Organisation address (in full):** |  |
| **Tel No.:** |  |
| **Email:** |  |
| **In what capacity do you know them?** |  |

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| **Previous employer/Character Reference (Reference 2)** |
| **Name:** |  |
| **Job title: (if Applicable)** |  |
| **Organisation address (in full):** |  |
| **Tel No.:** |  |
| **Email:** |  |
| **In what capacity do you know them?** |  |

\* Please note that it is Multiple Care Solutions policy to obtain references prior to interview for any post in a residential establishment. For all posts, we will ask your referees for comments on your suitability for the post and for employment referees request details on attendance, sickness levels and salary.

**Can we contact your current employer prior to any conditional offer of employment? Yes** ☐**No** ☐

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|  **Role applying for?** |  |
| **Reason for application**Please outline the reasons for applying for this role, giving any details of relevant experience, skills or achievements which may be relevant. |  |
| **If appointed how soon you could join us?**  |  |

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| **Work Availability (tick the days and times you are available to work)** |
| **Please specify your availability** | **Monday**  | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Morning (07:00-11:00)** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Lunch (11:00-15:00)** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Evening (15:00-20:00)** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Night (20:00-00:00)** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** | **☐** |

**Rehabilitation of offenders Act (1974)**Because of the nature of the work for which you are applying, the provisions of Section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975. Applicants are therefore required to give information about convictions, which for other purposes are '‘pent’ under the provisions of the Act. Please click on the box that applies to you.

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| **Have you at any time been convicted of an offence (‘spent’ or ‘unspent’)?** | Yes ☐ | No☐ |
| **Are you subject to any current outstanding disciplinary action or legal proceedings?** **If yes please give details below** | Yes ☐ | No☐ |
| **Have you ever been cautioned, Reprimanded or given a final warning by the police (‘spent’ or ‘unspent’)?** | Yes ☐ | No☐ |
| **Are you subject to any sanctions imposed by a regulatory body?** | Yes ☐ | No☐ |
| **Are you disqualified from working with children or vulnerable adults?**  | Yes ☐ | No☐ |
| **Are you aware of any police enquiries undertaken following allegations made against you that may have a bearing on your suitability for the post?** | Yes ☐ | No☐ |
| If you answered **yes** for any of the above please give details below:  |
|  |

**Declaration**

I confirm that the information I have given is correct and complete and that any false statements or omissions may render me liable to dismissal without notice or in some instances, referral to the police.

I understand and agree that data contained in the application form will be used and processed for recruitment purposes.

I also understand and agree that should I become an employee; the information will also be used for employment related purposes. I also acknowledge that this information may form the basis of a computerized personnel system to which I will have access as determined by the Data Protection Act 1984.

I agree to respect the confidentiality of Patients and any other information I may have access to all times.

Your registration with Multiple Care Solutions can be terminated at any time following unsatisfactory work reports

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| **Signature:** |  |
| **Date:** |  |

**Disability**
Multiple Care Solutions has a policy of interviewing applicants who have a disability and who meet the essential short-listing criteria. To ensure that this happens, please complete the following:

**a) The Disability Discrimination Act 1995 defines disability as' a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'. Do you consider yourself to have or have had a disability?**

☐ Yes ☐ No

If yes, please give details:

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**b) If the answer to the above is yes, are there any reasonable adjustments that need to be made, should you progress beyond this stage?**

☐Yes ☐ No

If yes please give details

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