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OR EMAIL ONE TO:-
admin@mariacare.co.uk

Job Application Form

Position Applied for.....**DATE**.....

A clean Disclosure and Barring Check will be required for the position in which you are applying.

PERSONAL DETAILS

Full Name: (Include all names) (Mr/Mrs/Miss/Ms)
Address:.....Town:.....
County:..... Post Code:.....
Phone No:..... Mobile:.....
Email address.....
Which gender are you known as?
Male () Female () Prefer not to say ()
Are you a Citizen of the EU or EEA? Yes () No () NI No:.....
If 'No', do you have a work permit?.....

HEALTH AND DISABILITIES

Do you have any disabilities which we may need to make reasonable adjustments? Yes () No ()
If Yes, please describe them:
Are you Registered Disabled? Yes () No ()
Overall State of Health: Excellent () Good () Poor ()
Hearing: Excellent () Good () Poor ()
Eyesight: Excellent () Good () Poor ()
Do you wear any of the following Spectacles () Contact Lenses () Neither ()
Please give details of any medical condition for which you have received treatment in the past 5 years:
.....
.....
Have you had treatment for any condition relating to the abuse or mis-use of drugs or alcohol within the last 5 years? Yes () No ()
If 'Yes' please provide brief details:.....
Would you be willing to undergo a medical examination if required?. Yes () No ()
How many days sickness have you had in the last 12 months:.....

DRIVING RECORD

Do you have a current clean 'FULL' driving licence? Yes () No ()

Driving licence valid From:..... To:.....

Number of Penalty Points (if any) endorsed on current licence:.....

Have you every been disqualified from driving, or had insurance refused? Yes () No ()

If 'Yes', please provide brief details:.....

Do you have a reliable car with valid M.O.T.(if required) and Business insurance? Yes () No ()

What month does your insurance run out?.....

GENERAL EDUCATION

From	To	Name of Senior School	From	To	Name of College, University etc

Examination results/qualifications obtained

FULL EMPLOYMENT HISTORY – include months & years

Name and Address of Current Employer (or last Employer if currently unemployed)	Job Title and main duties	Employment Dates	
		From	To
	Can we approach the Employer for a reference prior to a job offer? Yes () No ()		
Reason for Leaving:	Average gross pay £	per week/month/annum	
Previous Employment (Employer Name and your job title – most recent first) Please state all employment since leaving full time education. Please also explain any gaps in employment history.			
1.		From	To
Reason for leaving			
2.		From	To
Reason for leaving			
3.		From	To
Reason for leaving			
Please continue on an extra sheet if needed.			

Please provide Full Names and Full Addresses of Two Referees. One of which must be you current/last employer. (If you are unable to supply, please contact us to discuss alternatives)

1. Full Name: Address:
Postcode:.....
 Contact Details – Telephone:..... Email:.....
2. Full Name: Address:
Postcode:.....
 Contact Details – Telephone:..... Email:.....

PLEASE TICK THE BOXES IF YOU HAVE EXPERIENCE IN THE FOLLOWING

- | | | |
|--|---------|--------|
| Assisting service users to the toilet | Yes () | No () |
| Service users incontinence | Yes () | No () |
| The use of urinals, bedpans & commodes | Yes () | No () |

Observation of Service Users with

- | | | |
|-----------------|---------|--------|
| Continence aids | Yes () | No () |
| Catheters | Yes () | No () |
| Stoma equipment | Yes () | No () |
| Incontinence | Yes () | No () |

Observation of Service Users Hygiene

- | | | |
|--------------|---------|--------|
| Hygiene care | Yes () | No () |
| Bed baths | Yes () | No () |
| Eye care | Yes () | No () |
| Ear care | Yes () | No () |
| Hair care | Yes () | No () |
| Nail care | Yes () | No () |
| Feet care | Yes () | No () |
| Shaving | Yes () | No () |
| Skin care | Yes () | No () |

Assisting with Oral Hygiene

- | | | |
|----------|---------|--------|
| Teeth | Yes () | No () |
| Dentures | Yes () | No () |



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JOB FLEXIBILITY			
Prepared to work:	Full Time ()	Part Time ()	Shifts ()
If part time please indicate preferred hours and time you will not be available:			
Details of any other work you will continue to undertake if you are offered this position:			
Please provide details of any outstanding (booked) holidays to be taken:			
AVAILABLE TO TAKE UP WORK FROM:			

REHABILITATION OF OFFENDERS ACT, 1974
Through the 1975 exemptions Order of the Rehabilitation Act, 1974, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employers, to ask the following question. Any information supplied by yourself will remain confidential and considered only in relation to the Job Application.
With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a Court of Law? Yes () No ()
If 'Yes' please provide brief details of the offence(s) and relevant dates:
If you have a current enhanced DBS check for adults, please bring to interview

EQUAL OPPORTUNITIES – VOLUNTARY INFORMATION					
The organisation seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should pay no part in this process.					
In order to monitor the effectiveness of this commitment to equal opportunities it would be helpful if you could complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose than that as stated in this paragraph.					
Marital Status	Single ()	Married ()	Separated ()	Widowed ()	Divorced ()
Sex	Male ()	Female ()	Age.....	D.O.B.....	
Ethnic Origin	African ()	Afro-Caribbean ()	Asian ()	European ()	Polynesian ()
Religion				
Disabilities (please specify)				
Registered Disabled Number (where applicable)				

Emergency Contact:..... Relationship:.....
 Address:.....
 Telephone (day):..... Telephone (night):.....

Next of Kin:..... Relationship:.....
 Address:.....
 Telephone (day):..... Telephone (night):.....

PREVIOUS ADDRESS	
To apply for a DBS we require the full addresses that you have lived at over the past five years. Please could you supply the address, post codes and the date you moved in and left .	
1. Full Address:
Postcode:	From Date: (Month and Year) To Date
2. Full Address:
Postcode:	From Date: (Month and Year) To Date
3. Full Address:
Postcode:	From Date: (Month and Year) To Date



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DECLARATION – please read carefully, then sign and date your application

I confirm that the information I have provided is correct and understand that misleading statements be sufficient grounds for cancelling any agreements made. I also understand that the questions left unanswered may be disclosed at interviews arising from this application:

Applicants Signature..... Date.....



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Agreement to opt out of weekly working hours provisions (40 hours per week)	Issue Date	August 2016
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Name of Employer.....Maria Care Limited.....

Name of Employee.....

Address of Employee.....

.....

I (Employee's Name).....agree

The limits on the Employee's average working time, including overtime, contained in Regulation 4 (1) of the Working Time Regulations 1998, shall not apply in relation to the Employee's employment with the Employer.

This agreement can be terminated by the Employee, upon the Employee giving four Weeks notice in writing to the Employer.

Signed
(Name of the Employer)

Signed
(Name of the Employee)

Dated