

MPL CARE HOMES LIMITED
PARK HOUSE



STAFF APPLICATION FORM

The recruitment process within this organisation has a minimum of two stages.

The completion of this application form is part of *stage one*. This application will be reviewed and a decision made as to whether to proceed to *stage two* - the interview - based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS

Position applied for:	
Approx no. of hours required:	
Full-time / Part-time (please circle which you want to work)	Days / Nights (please circle which you want to work)
Surname:	First name(s):
Previous surnames (supply documentary evidence e.g. marriage certificate, deed of name change etc):	
Current address:	
Post code:	Date moved to address:
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:	Date moved to address:
Telephone number (home):	Telephone number (work – will be used with discretion)
Own Transport (Yes / No):	Clean current driving licence (Yes / No):
How long have you held your licence?	Endorsements:
Details:	
IDENTITY DETAILS:	
National Insurance Number:	(all applicants)
Nursing and Midwifery Council PIN number:	(Nurses only)

NEXT OF KIN

Full name:	
Relationship:	
Telephone Number:	
Address:	

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No (Delete as appropriate)
If yes, please provide details:	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No (Delete as appropriate)

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.

EDUCATION

School/college/university	Examinations Passed / Qualifications Gained. (Please supply copies of certificates)

TRAINING HISTORY / PROFESSIONAL STATUS

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

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:	
Dates employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Dates employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Dates 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.

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Notice period required in current employment:	
Any holidays booked: Yes / No If Yes: dates booked	

REFEREES

You must provide a reference 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:	
Telephone Number:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Post code:	
Telephone Number:	
Job title:	

Character reference

Name:	
Address:	
Post code:	
Telephone Number:	
Relationship to you:	

CRIMINAL RECORD

Subject to the Health and Social Care Act 2008, applicants 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.

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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 maybe 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.

By my signature, I authorise the organisation 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 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: _____