



Please affix two
passport size photo
here

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e: t.singers@maksanuscare.co.uk
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How did you here about the Job?
(Please ✓ as appropriate)

Internet ☐ News Paper: ☐ Advert Displayed in News agent? ☐ Other (Specify).....

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

Address or area: _____

Ms/Miss/Mr/Mrs/other) _____ Male /Female _____

Family /Surname _____ Previous Name _____

First Names: _____ Married / Single _____

Current Address _____

_____ Post Code _____

Home Tel No: _____ Mobile: _____

Date of Birth: _____ Age: _____

E-mail: _____

Dependants: _____

Ages: _____

Next of kin (name): _____ Relationship: _____

Address: _____

_____ Post Code: _____

Contact Tel No: _____ Email address _____

Travel (please ✓ as appropriate)

Do you hold a current valid driving licence? Yes ☐ No ☐

Use of Car Yes ☐ No ☐ 'If Yes: Full time use ☐ Part time use ☐

Ease of access to: British Rail Station _____ Nearest Tube Station _____

List areas/zones where you are prepared to travel: _____

Job Applying For: Cleaning: Yes ☐ No ☐ Care Assistance: Yes ☐ No ☐

Other, please Specify: _____

EDUCATION

School/College/University	Examinations Passed/Qualifications gained
	Please supply copies of certificates

TRAINING HISTORY/PROFESSIONAL STATUS (Please include all training)

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

SHORT COURSES ATTENDED (including outside of the UK)

Subjects	Location

EMPLOYMENT HISTORY

Current/last first. 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	
Date employed	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
Gap In Employment	
Reason	
Name and address of Employer prior to the employer listed above	
Date employed	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
Gap In Employment	
Reason	
Name and address of Employer prior to the employer listed above	
Date employed	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
Other roles (use additional sheet)	
Gap In Employment	

Reason	
--------	--

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.

HEALTH DETAILS

Looking after vulnerable people demands a certain level of health and physical fitness. Please answer the following questions in relation to your current health status and history.

Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? Yes / No

If yes, please give details:

--

What adjustments (if any) need to be made to the working environment to accommodate your disability?
--

--

Please give details of <i>all</i> absences due to ill health from work in the last 12 months, except holidays

--

Please give details of any illnesses/accidents/injuries in the last 2 years

--

GP & Surgery's Name	
---------------------	--

Tel No	
--------	--

Address	
---------	--

(Your GP will not be contacted without your permission)

NEXT OF KIN

Full Name	
Relationship	
Tel No	
Address	
Email Address	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number. (Nurses Only)	
National Insurance Number (All applicants)	

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 18 years old or older, and Carers working with people with learning disabilities must be 21 or older. Please inform your interviewer immediately if you do not meet these specifications.

MEDICAL QUESTIONNAIRE

This questionnaire is intended to assess your fitness for sleep over or Live-in work. It is not mandatory; if you complete this questionnaire, and it indicates a potential medical problem in working nights, you will be offered a free full health assessment.

Complete only if you will be doing sleep over, Live-in or sittings.

But, all applicants who indicate they will do sleep over; Live-in or Sitting MUST sign the declaration on this page.

OPTIONAL SECTION – Do you suffer from any of the following conditions, which may be made worse by night?6

Diabetes, requiring insulin injections to a strict timetable?	Y / N
A heart or circulatory disorder which affects your physical stamina?	Y / N
Stomach or intestinal disorder, such as ulcers?	Y / N
Any other condition which makes the timing of meals of particular importance?	Y / N
A medical condition affecting sleep?	Y / N
A chronic chest condition?	Y / N
Any medical condition requiring medication to a strict timetable?	Y / N
Any other medical condition in which the symptoms get worse at night?	Y / N
Please give further details for any questions where you have answered Yes above	

NON OPTIONAL SECTION – Applicants Declaration – Read and understand before signing

1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice
2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above
3. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for night work
4. I do not wish complete the questionnaire, and I do not wish to have a free health assessment Delete as appropriate (i.e. strike out either 1, 2 and 3, or only 4)

Signed _____ Date _____ Print name _____

Employer's initial assessment: No further action required	Y / N
further investigation or action required Specify investigation or action required	Y / N

REFEREES

You must provide references 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	
Tel No:	
Job title	
Email Address	

Previous employer to the one above

Name:	
Address:	
Post Code	
Tel No:	
Job title	
Email Address	

Character reference

Name:	
Address:	
Post Code	
Tel No:	
Relationship to you	
Email Address	

CRIMINAL RECORD

Workers in this establishment are subject to the Care Standards Act, and will be subject to a Police Record Check through the Criminal Record Bureau. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warning and cautions.

You will not be eligible for work in a care setting if you are on the POVA/PoCA Register(s).

Notice period with existing employer	
Please indicate any other relevant information to this application	
SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING	
<p>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 may be terminated immediately.</p> <p>I understand that I cannot be offered a post until a satisfactory response has been received in respect of my POVA/PoCA 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 Criminal Records Bureau. I understand that until a satisfactory response is received from the Criminal Records Bureau, 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. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Maksanus Care to request a POVA/POCA Register check and a criminal records check from the Disclosure, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my POVA/POCA Register status or criminal status changes at any time during my employment, such as by 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.</p> <p>Signed: _____ Date: _____</p>	

Experience Record

Please Tick which areas of care you feel confident in:

Bathing		Hair care/washing	
Shaving		Foot Hygiene	
Oral Hygiene		Assistance with eating/Drinking	
Preparation of Meal		Colostomy Care (Artificial Anus)	
Escorting to Toilet		Incontinent client	
Blanket bath		Catheter care	
Use/Application of incontinence materials			
Caring for individual who is:			
Immobile		Use a Zimmer frame	
Uses special mattress		Uses a hoist	
Requires fulltime use of a wheelchair		Other appliances please state:	
General Household cleaning			
Caring for a client who suffers from:			
Alzheimer's		Confusion	
Dementia		Parkinson's	
Mental illness		disease	
Paralysis e.g. stroke.		Client requiring special diet.	
Do you feel confident in identifying and reporting to you manager any sign of client abuse?			
Please State what areas of care are you uncomfortable with?			
Any additional information or comment you may wish to add to support your application:			

Due to the nature of work, it is essential that applicants tell us their availability when they apply to work with us. Please use the table below to indicate your availability.

Note: once availability is set, it can only be reviewed after three months.



Tick as required.

Hrs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Days																								
Mon																								
Tues																								
Wed																								
Thur																								
Fri																								
Sat																								
Sun																								