

**Please affix two
passport size photo
here**

Watling Gate, 3rd Floor, Unit 4
297-303 Edgware Road, London. NW9 6NB
t:+44(0) 20 3757 7111/m: +44(0)778429840
e: t.singers@maksanuscare.co.uk
Web: www.maksanuscare.co.uk/ www.homecare-
brent.co.uk

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: _____

National Insurance Number: _____ E-mail: _____

Dependants: _____

Ages: _____

Next of kin (name): _____ Relationship: _____

Address: _____

_____ Post Code: _____

Contact Tel No: _____

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 Appling 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

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

SHORT COURSES ATTENDED

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	
Name and address of Employer prior to the employer listed above	
Date employed	
Nature of business	
Position held and reason for leaving	
Salary / Rate	
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)	

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.

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 past history.

HEALTH DETAILS

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's Name	
Tel No	
Address	
<i>(Your GP will not be contacted without your permission)</i>	

NEXT OF KIN

Full Name	
Relationship	
Tel No	
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	

Previous employer to the one above

Name:	
Address:	
Post Code	
Tel No:	
Job title	

Character reference

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

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

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.

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.

Signed: _____ Date: _____

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																								

Diversity and Equal Opportunities Monitoring Form

Maksanus Care Services Ltd. is committed to equal opportunities and diversity. The aim of our policy is to ensure that all applicants are treated equally irrespective of race, colour, ethnic origin, national origin or religion, sex, sexuality, age, marital status, disability, or trade union membership.

We would be grateful if you would provide the information requested.

This is strictly confidential information and is provided voluntarily. It will be used for statistical purposes only by Maksanus Care Services and will not be used to match candidates' needs or any other purpose.

Post applied for: _____

Surname: _____ **First Name:** _____

Age: _____ **Date of Birth:** _____

Gender: Male / Female **Marital Status:** _____

Are you a disabled person? Yes / No

What is the nature of disability? _____

Ethnic Origin (Please place X in appropriate box)

White

British
Irish
Any other White Background

Black or Black British

Caribbean
African
Any other Black Background

Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian Background

Chinese or other ethnic group

Chinese
Any other (see below)
Please state: _____

Mixed

White and Black Caribbean
White and Black African
White and Asian
Any other mixed background

* Delete as appropriate

Thank you, for providing information about yourself which will help Maksanus Care Services Ltd. to promote equal opportunities and Diversity.

Maksanus Care Services Limited.

Application Form. Nov 2008

Bank / Building Society Details

Bank / Building Society Name: _____

Bank / Building Society Address: _____

_____ Post Code: _____

Name in which your account is held (Mr., Mrs., Ms., Miss): _____
Must be held in your name)

Sort Code: _____ Account Number: _____

General

Are you registered with any agencies? Yes / No..
If yes, what rate per hour do they pay:- weekdays weekend
Do you consider there would be a conflict of interest? Yes/ No.....
What local newspapers would you buy if looking for a job?

Rehabilitation of Offenders Act 1994, Police Act 1997 Care Standards Act 2000

By virtue of the Rehabilitation of Offenders Act 1974(Exception Order 75) the provisions Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of he*

alth services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should therefore include any "spent" convictions.

Have you ever been convicted of a criminal offence including any spent convictions?

You must answer Yes or No

If Yes, please provide details of conviction and dates: _____

Police Act 1997 s 115 & 116 (in accord with National Care Standards carers require an Enhanced Disclosure)

I hereby consent to obtain a Criminal Records Bureau, 'Enhanced Disclosure', or one being carried out on me, and hereby agree to pay the due sum, currently £54. I understand that I will receive a copy of such 'Enhanced Disclosure' direct from the Criminal Records Bureau. If you have a recent one, bring it along when coming for your interview.

I DECLARE THAT ALL INFORMATION GIVEN IS TRUE CORRECT AND FUNDAMENTAL TO MY EMPLOYMENT I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN FURTHER ACTION INCLUDING CESSATION OF EMPLOYMENT

Signature Date

Signature Interviewer..... Date.....

Working Time Regulations Agreement

Agreement to opt out of the 48 hour maximum weekly working hours			
This agreement is between the Maksanus Care Services Ltd,		the employer, and	(name)
of			
			(address), the employee.
<p>1. The employee understands that he/she is entitled to have his/her average weekly working time limited to 48 hours per week.</p> <p>2. The employee agrees that the 48 hour limit shall not apply in his/her case.</p> <p>3. This agreement applies until it is terminated by the employee in accordance with clause 5.</p>			
Or			
3. This agreement applies until			
(insert date) or until terminated by the employee in accordance with clause 4.			
4. If the employee wishes to terminate this agreement, he/she must be given			
(insert period min 7 days, max 3 months) notice in writing to the employer.			
5. This agreement is being made in accordance with Regulation 5 of the Working Time Regulations 1998			
Dated			
Signed		The employee	
Signed		The employer	