



# APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK INK

**CONFIDENTIAL**

|   |
|---|
| <b>Post Title:</b>                            |
| <b>Location:</b>                              |
| <b>Where did you learn about the vacancy?</b> |

|   |                       |
|---|-----------------------|
| <b>Surname:</b>   | <b>Forenames:</b>     |
| <b>Maiden name (if applicable):</b>   |                       |
| <b>Title: MR / MRS / MISS / MS / OTHER</b>  |                       |
| <b>National Insurance number:</b>   | <b>D.O.B</b> /      / |
| Do you hold or require a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Type and expiry date:</b> |                       |

|                     |                         |                       |
|---------------------|-------------------------|-----------------------|
| <b>Address:</b>     |                         |                       |
|                     |                         |                       |
|                     |                         |                       |
|                     | <b>Post code:</b>       |                       |
| <b>Home tel no:</b> | <b>Business tel no:</b> | <b>Mobile tel no:</b> |

|   |  |  |
|---|--|--|
| Do you hold a current driving licence? YES <input type="checkbox"/> NO <input type="checkbox"/> | Do you have any endorsements? YES <input type="checkbox"/> NO <input type="checkbox"/> | Do you have your own transport? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---|--|--|

|  |                                    |                                      |                                    |                                    |
|--|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| <b>What hours are you available to work? Please refer to the Job Description. (you may tick more than one box)</b> |                                    |                                      |                                    |                                    |
| Full time <input type="checkbox"/>   | Part time <input type="checkbox"/> | Nights only <input type="checkbox"/> | Days only <input type="checkbox"/> | - state hours <input type="text"/> |

|  |  |
|--|--|
| Maison Care welcomes applications from people with disabilities. <b>All information is treated as confidential.</b>                              |  |
| Do you have a disability?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you have any special requirements in relation to your interview arrangements?<br>(If yes please give further information on a separate sheet) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>Registered Disabled No:</b>   |  |

**EDUCATIONAL HISTORY**

Please list in chronological order from age 11

| School/College | From | To | Qualifications gained/subjects | Grades |
|----------------|------|----|--------------------------------|--------|
|                |      |    |                                |        |
|                |      |    |                                |        |
|                |      |    |                                |        |
|                |      |    |                                |        |
|                |      |    |                                |        |
|                |      |    |                                |        |
|                |      |    |                                |        |
|                |      |    |                                |        |
|                |      |    |                                |        |

**PROFESSIONAL QUALIFICATIONS**

| Qualifications gained | Name & address of College/Training Centre | From | To |
|-----------------------|---|------|----|
|                       |   |      |    |
|                       |   |      |    |
|                       |   |      |    |
|                       |   |      |    |
|                       |   |      |    |
|                       |   |      |    |
|                       |   |      |    |
|                       |   |      |    |

**PROFESSIONAL BODIES**

| Name of Professional Body | Type of Membership | Date joined | Method of qualification<br>eg examination |
|---------------------------|--------------------|-------------|---|
|                           |                    |             |   |
|                           |                    |             |   |
|                           |                    |             |   |
|                           |                    |             |   |
|                           |                    |             |   |
|                           |                    |             |   |
|                           |                    |             |   |
|                           |                    |             |   |

Please list any professional organisations or trade unions of which you are a member:

PIN Number:  
Expiry Date:

**PRESENT OR LAST EMPLOYER**

|  |            |                        |                         |
|--|------------|------------------------|-------------------------|
| <b>Name:</b>   |            |                        |                         |
| <b>Address:</b>  |            |                        |                         |
|  |            |                        |                         |
|  |            | <b>Post code:</b>      |                         |
| <b>Dates From:</b>   | <b>To:</b> | <b>Position held:</b>  | <b>Notice required:</b> |
| <b>Responsibilities:</b> Please describe your position indicating to whom you are responsible and who reports to you |            |                        |                         |
|  |            |                        |                         |
|  |            |                        |                         |
|  |            |                        |                         |
|  |            |                        |                         |
|  |            |                        |                         |
|  |            |                        |                         |
|  |            |                        |                         |
| <b>Reasons for leaving:</b>  |            |                        |                         |
| <b>Current salary:</b>   |            | <b>Other benefits:</b> |                         |

**PREVIOUS EMPLOYER**

|  |            |                       |  |
|--|------------|-----------------------|--|
| <b>Name:</b>   |            |                       |  |
| <b>Address:</b>  |            |                       |  |
|  |            |                       |  |
|  |            | <b>Post code:</b>     |  |
| <b>Dates From:</b>   | <b>To:</b> | <b>Position held:</b> |  |
| <b>Responsibilities:</b> Please describe your position indicating to whom you were responsible and who reported to you |            |                       |  |
|  |            |                       |  |
|  |            |                       |  |
|  |            |                       |  |
|  |            |                       |  |
|  |            |                       |  |
|  |            |                       |  |
| <b>Reasons for leaving:</b>  |            |                       |  |

**WORK EXPERIENCE** Please list in reverse chronological order your employment details for the last 10 years

| Name and address of employer | Dates |    | Position held & brief responsibilities | Reasons for leaving |
|------------------------------|-------|----|--|---------------------|
|                              | From  | To |  |                     |
|                              |       |    |  |                     |
|                              |       |    |  |                     |
|                              |       |    |  |                     |
|                              |       |    |  |                     |
|                              |       |    |  |                     |
|                              |       |    |  |                     |
|                              |       |    |  |                     |
|                              |       |    |  |                     |

Have you been or are you subject to any disciplinary/investigative procedures or legal action? **YES**  **NO**

Please detail on a separate sheet any additional information regarding the above.

**TRAINING** Please indicate courses attended (use separate page if required)

| Course title | Tutored by<br>eg in-house/name of external training provider | No. of days | Date attended | Qualifications/Certificates |
|--------------|--|-------------|---------------|-----------------------------|
|              |  |             |               |                             |
|              |  |             |               |                             |
|              |  |             |               |                             |
|              |  |             |               |                             |
|              |  |             |               |                             |
|              |  |             |               |                             |
|              |  |             |               |                             |

Please indicate below any public offices held:

State interests and hobbies:

**REFERENCES** Please give name and address of two employers one of which should be your last or current employer

|   |   |
|---|---|
| <b>Name:</b>  | <b>Name:</b>  |
| <b>Position in company:</b>   | <b>Position in company:</b>   |
| <b>Address:</b>   | <b>Address:</b>   |
|   |   |
|   |   |
| <b>Tel no:</b>  | <b>Tel no:</b>  |
| <b>Permission to take up reference prior to interview:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> | <b>Permission to take up reference prior to interview:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> |

Are you related to any patient or staff member of Maison Care? YES NO    
 If yes, please state name and relationship below

**CRIMINAL RECORDS (CRB) DISCLOSURES**

Because of the sensitive nature of the duties you will be expected to undertake, you are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account so disclosure does not need to necessarily be a bar to obtaining this position.

Have you ever been convicted by the courts or cautioned, reprimanded or given a warning by the Police?

YES  NO

If yes, please give details in box below

(NOTE: The post you have applied for is exempt from the Rehabilitation of Offenders Act 1974 which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed. This includes any convictions which are spent).

Are you aware of any police enquiries undertaken following allegations made against you which may have a bearing on your suitability for this post (enhanced disclosure only)?

YES  NO

If yes, please give details below

I understand that it is a requirement of my employment to undergo a Criminal Records Disclosure and I confirm that I give permission to Maison Care Ltd to apply for a disclosure on my behalf. I also understand that it is a criminal offence to apply for a position working with children or vulnerable adults if I am aware that I am listed under the relevant DoH lists which indicate those that are banned from working with children and those considered unsuitable to work with vulnerable adults. I confirm that I am not listed on the relevant lists.

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|

**The information provided above will be used as laid down in the CRB Code of Conduct  
A copy is available for you to view on request**

## RECRUITMENT OF EX-OFFENDERS POLICY

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### Scope

All employees

### Principles

Maison Care Ltd uses the Criminal Records Bureau (CRB) Disclosure Service to assess applicant suitability for positions of trust, and complies fully with the CRB Code of Practice and undertakes to treat all applicants for positions fairly. The Company undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed.

Maison Care Ltd is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.

There is a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.

Maison Care Ltd actively promotes equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. Candidates are selected for interview based on their skills, qualifications and experience.

A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and recruitment briefs will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.

Where a Disclosure is to form part of the recruitment process, all applicants called for interview are encouraged to provide details of their criminal record at an early stage in the application process. This information should be sent under separate, confidential cover, to a designated person within Maison Care Ltd. This information is only to be seen by those who need to see it as part of the recruitment process.

Unless the nature of the position allows Maison Care Ltd to ask questions about the entire criminal record we only ask about "unspent" convictions as defined in the Rehabilitation of Offenders Act 1974.

Those in Maison Care Ltd who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. The Company also ensures that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders, e.g. the Rehabilitation of Offenders Act 1974.

At interview, or in a separate discussion, an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.

Everyone subject of a CRB Disclosure will be made aware of the existence of the CRB Code of Practice and make a copy available on request.

Maison Care Ltd undertakes to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.

**Having a criminal record will not necessarily bar you from working with Maison Care Ltd.** This will depend on the nature of the position and the circumstances and background of the offences.

### Declaration by Applicant and Notice under Data Protection Act 1998

Maison Care Ltd

I confirm that to the best of my belief the information entered onto this form is correct and understand that any misleading statement or deliberate omission may be sufficient grounds for cancelling any offer of employment or terminating my employment. I agree that, should I be offered and accept a position, I will undergo a medical examination if requested.

By signing this form I agreed that the contents are correct and that Maison Care Ltd may keep this information about me on their files. I understand that such information may be disclosed to and recorded and used by those persons as may be necessary for the purposes of them obtaining references relating to my employment record with Maison Care Ltd, including any potential employers, as well as assisting the DSS in their enquiries when requested.

|                                |              |
|--------------------------------|--------------|
| <b>Signature of Applicant:</b> | <b>Date:</b> |
|--------------------------------|--------------|