



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 PRINT CLEARLY IN BLACK INK**

Position applied for:	
Approx. no. of hours wanted:	
Full-time / part-time (please circle which you want to work)	Days/Nights/Mornings/Afternoons/Evenings/Sleep-ins/Weekends only (please circle which you are able to work)
Surname:	First name(s):
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
Current address:	
Post code:	Moved to this address on (date):
Telephone number (home):	Telephone number (work - <i>will be used with discretion</i>):
Email Address:	
Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. (See next page).	
Post code:	Moved to this address on (date):
Own Transport (Yes/No): How long has your licence been held?	Clean current driving licence: Endorsements:
Details:	

IDENTITY DETAILS

National Insurance Number:	
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My previous address over the last five years: Address 1	
Address:	
Town/City	
Postcodes	
Lived at this address from:	
Lived at this address to:	

My previous address over the last five years: Address 2	
Address:	
Town/City	
Postcodes	
Lived at this address from:	
Lived at this address to:	

My previous address over the last five years: Address 3	
Address:	
Town/City	
Postcodes	
Lived at this address from:	
Lived at this address to:	

My previous address over the last five years: Address 4	
Address:	
Town/City	
Postcodes	
Lived at this address from:	
Lived at this address to:	

NEXT OF KIN

Full name:	
Relationship:	
Tel no:	
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 (<i>circle as appropriate</i>)
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 (<i>circle as appropriate</i>)

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
	<i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

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

ADDITIONAL 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:	
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 if necessary):	

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.

Please give full details of any gaps in your employment history

Dates	Reason for gap in employment history

GP's name:	
Tel no:	
Address:	
<i>(Your GP will never be contacted without your permission)</i>	

To be completed at Interview

Name of Applicant		
The following information is required to enable us to provide you with the best possible support within your working environment. Please be honest with your feedback; all information is strictly private and is protected by Muslyt Ltd Confidentiality Policy and Procedure.	Yes	No
Do you smoke?		
Are you, or have you, been treated for any of the following medical conditions (Please provide any supporting comments)?		
Epilepsy, seizures, blackouts or fainting attacks?		
Do you have difficulty breathing?		
High cholesterol?		
Depression?		
Chronic or recurrent cough?		
Stomach or bowel problems?		

Varicose Veins?		
Rheumatism or arthritis?		
Skin problems?		
Vertigo?		
Impaired Hearing?		
Hay fever or Asthma?		
Kidney problems?		
Diabetes?		
Eye problems?		
Heart Defect?		
Recurrent Headaches?		
Raised Blood Pressure?		
Back pain or joint injury?		
Have you been admitted to hospital in the last three years? Please state why.		
Are you still receiving treatment?		
Are you taking any medication? If your answer is yes please state what it is for.		
Do you have any allergies? a) medications b) latex/rubber products c) other (e.g. hay-fever, foods)		
Do you have anything to disclose that has not been mentioned above?		
In the last two years, how many days have you been absent from work due to sickness? Please give reasons.		

Applicant Signature		Date of completion:	
Office Use			
<p>If the applicant has stated yes to any questions within this section, has a Medical Risk Assessment [HR14] been completed with the applicant?</p>	Yes	No	<p>Comments:</p>

ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process?
For example, large print forms? Or additional time to complete forms?
Yes / No

If yes, please give details:

This information will not be used in reaching a decision on whether to offer employment.

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:	
Email Address:	
Job title:	

Previous employer to the one above

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

Character reference

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

ADDITIONAL INFORMATION:

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To whom it may concern

In connection with my application for employment with Muslyt Ltd, please accept this letter as my agreement for you to provide a reference to Muslyt Ltd, if one is requested.

Yours faithfully

Signature: _____

Print Name: _____

Date: _____

EQUAL OPPORTUNITIES MONITORING FORM

INTERVIEWER – DETACH THIS FORM FROM THE PACK AND HAND IT TO THE CANDIDATE, TOGETHER WITH A STAMPED ADDRESSED ENVELOPE. NO MARKS TO IDENTIFY THE CANDIDATE MAY BE MADE – THE REPLY IS ANONYMOUS AND CONFIDENTIAL.

- Muslyt Ltd is committed to promoting equal opportunities for all its employees and all prospective employees.
- To ensure that all applicants are dealt with equally, we wish to monitor your recruitment process and would ask for your help by completing the details below by placing a 'tick' in the appropriate box. This will allow the organisation to monitor its policies.

PLEASE NOTE

- You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose.
- Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

GENDER

What is your gender (please tick)?

Male	
Female	
Prefer not to say	

Do you identify as transgender?

- For the purpose of this question, 'transgender' is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

Yes		No		Prefer not to say	
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ETHNIC GROUP

A White:		B Mixed race:		C Asian or Asian British:	
British - English, Scottish or Welsh		White and Black Caribbean		Indian	
Irish		White and Black African		Pakistani	
Other White background		White and Asian		Bangladeshi	
		Other Mixed background		Other Asian background	

D Black or Black British:		E Chinese and other groups:			
Caribbean		Chinese		Prefer not to say	

African		Other ethnic group			
Other Black background					

AGE

What is your age (please tick)?

16–17		18–21		22–30		31–40		41–50	
51–60		61–65		66–70		71+		Prefer not to say	

SEXUAL ORIENTATION

How would you describe your sexual orientation (please tick)?

Heterosexual / straight		Bisexual		Prefer not to say	
Gay man		Gay woman / lesbian			

DISABILITY

- The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes		No	
Used to have a disability but not anymore		Don't know	
Prefer not to say			