

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 - will be used with discretion):
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):	Clean current driving licence:
How long has your licence been held?	Endorsements:
Details:	
IDENTITY DETAILS	
National Insurance Number:	

My previous address over the las	st five years: Address 1
Address:	
Town/City	
Postcodes	
Lived at this address from:	
Lived at this address to:	
My previous address over the las	st five years: Address 2
Address:	
Town/City	
Postcodes	
Lived at this address from:	
Lived at this address to:	
My previous address over the las	st five years: Address 3
Address:	
Town/City	
Postcodes	
Lived at this address from:	
Lived at this address to:	
My previous address over the las	st 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 (circle 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 (circle 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.

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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 certificates/membership details)	s of

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	
Name and address of your	
most recent/last	
employer:	
Data amplayed:	
Date employed:	
Nature of business:	
Position held and reason for	
loaving:	
leaving:	
Colony / Doto:	
Salary / Rate:	
Name and address of	
employer prior to the	
employer listed above:	
employer listed above.	
Data ampleyeds	
Date employed:	
Nature of business:	
Position held and reason for	
leaving:	
Colony / Doto:	
Salary / Rate:	
Name and address of	
employer prior to the	
employer listed above:	
employer listed above.	
Data amplayad:	
Date employed:	
Nature of business:	
Position held and reason for	
leaving:	
l loavilig.	
Salary / Pato:	
Salary / Rate:	
Other roles (use additional	
sheet if necessary):	
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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.

Dates	Reason for gap in employment history		
GP's name:			
Tel no:			
Address:			
	(Your GP will never be contacted without your permission)		
	To be completed at Interview		
Name of Applicant			
within your worki	ation is required to enable us to provide you with the best possible supporting environment. Please be honest with your feedback; all information is and is protected by Muslyt Ltd Confidentiality Policy and Procedure.	Yes	No
Do you smoke?			
Are you, or have you, loomments)?	peen treated for any of the following medical conditions (Please provide any s	supporting	
Epilepsy, seizures, bla	ckouts or fainting attacks?		
Do you have difficulty	oreathing?		
High cholesterol?			
Depression?			
Chronic or recurrent co	ough?		

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				
If the applicant has stated yes to any questions within this section, has a Medical Risk Assessment [HR14] been completed with the applicant?	Yes	No	Comments:	

ASSISTANCE WITH INTERVIEW AND ASSESSMENT

For example, large print forms? Or additional time to complete forms? Yes / No If yes, please give details:	Do you require us to make any special arrangements in order for you to participate in the recruitment process?
Yes, No If yes, please give details: This information will not be used in reaching a decision on whether to offer employment.	For example, large print forms? Or additional time to complete forms?
If yes, please give details:	
This information will not be used in reaching a decision on whether to offer employment.	li yes, piease 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	<u></u>
Name:	
Address:	
Dest and	
Post code:	
Tel No:	
Email Address:	
Job title:	
Character reference	Т
Name:	
Address:	
Post code:	
Tel No:	
Email Address:	
Relationship to you:	

CRIMINAL RECORD

Workers of The Agency are subject to the Health and Social Care Act 2008, and 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.

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and varnings and cautions in the space provided below.
SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING
declare that to the best of my knowledge and belief the information given by me in this application is true, and I
inderstand that the above information forms the basis of my contract of employment. I understand that if any of th
nformation supplied by me is found to be falsely declared, my contract may have been fundamentally breached and
ny employment may be terminated immediately.
understand that I may not 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
atisfactory references, one of which must be from my previous employer, and that confirmation of the employmen vill be subject to a satisfactory criminal record check from the DBS.
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. If the post I have
ipplied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of t
Nursing and Midwifery Council records and registers. By my signature, I authorise Muslyt Ltd to request a DBS Regist
heck and a criminal record check from the DBS, on initial employment and at any time during my employment
hereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at a
ime during my employment, such as by being charged with an offence (other than motoring offences), the
idministering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any
egistration required by my employment status.
Signed: Date:

ADDITIONAL INFORMATION	N:		
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To whom it may concern

In connection with my application for employment with Muslyt Ltd, please ac letter as my agreement for you to provide a reference to Muslyt Ltd, if one is re	
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)?

Oo you identify as transgender?					
Prefer not to say					
Female					
Male					

• 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	
ETHNIC GROUP						
A	E	3		С		

A	В	С
White:	Mixed race:	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		