

**Application  
Form**



Please return your completed application form to:

Mayfair Care Services Ltd.  
Mayfair House  
9 Meppel Avenue  
Canvey Island  
Essex  
SS8 9RZ

Thank you for your interest in Mayfair Care Services

The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated in as **confidential**.

**Name:** \_\_\_\_\_

**Application for appointment as:** Home Care Assistant

**Location:** Community

**Job Profile:**

To implement care plans by directly providing physical, social and emotional care in order to enhance the quality of life for the service users and their carers in the community, in accordance with agreed service specification.

Emphasis must be on enabling service users to be as independent as possible.

To liaise and report so that individual care plans can be appropriately developed and modified.

|  |  |
|--|--|
| <b>Personal details:</b>   | Address: _____<br>_____  |
| Title: _____   | Contact address (if different)<br>_____<br>_____   |
| First name: _____  |  |
| Surname: _____   | Have you changed your address during last 3 years <b>Yes/No</b> if yes please indicate previous address (es)<br>_____<br>_____ |
| Maiden name: _____   |  |
| Has your name changed since the age of 18?<br><b>Yes/No</b> If yes indicate previous name(s) | _____  |
| Date of birth: _____   | _____  |
| Please specify any dates you are not available for interview:                                |  |

|                               |  |
|-------------------------------|--|
| Home telephone number _____   | Work telephone number: _____   |
| E-mail address _____          | please tick the box if you <b>do not</b> wish to be<br>Contacted at work |
| Mobile telephone number _____ | <input type="checkbox"/>   |

|   |
|---|
| <b>Present Employers name and address</b> (if currently employed) |
| _____   |
| _____   |
| Nature of business: _____   |
| Job title: _____ Date appointed: _____                            |
| Grade: _____  |
| Notice required: _____  |
| Reason for leaving: _____   |

|   |
|---|
| Please give a brief outline of duties in your current or most recent job. |
| _____   |
| _____   |
| _____   |

**Previous Work Experience:** please list all previous appointments starting with the most recent first. All paid and / or work experience within a local social services department and / or any public / private / voluntary / agency and health care organisations should be detailed.

| Employers name, address and nature of business: | From | To | Job title | Reason for leaving |
|---|------|----|-----------|--------------------|
|   |      |    |           |                    |

**Breaks in Employment History:** If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, raising family, voluntary work, training, long periods of sickness etc.

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How many periods of sickness have you had over the last 2 years? \_\_\_\_\_

How many days in total? \_\_\_\_\_

**Mobility:**

Do you have a valid driving licence?

**Yes/No**

Do you have use of a vehicle for work purposes?

**Yes/No**

**Secondary School Education**

| School(s) | From | To | Qualifications | Grade | Dates |
|-----------|------|----|----------------|-------|-------|
|           |      |    |                |       |       |

**Continuing Education** (University / College / Apprenticeships etc. - most recent first).

| Establishment | From | To | Qualifications | Grade | Dates |
|---------------|------|----|----------------|-------|-------|
|               |      |    |                |       |       |

**Professional qualifications:** (including details of professional association membership)

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**References**

Please give the names and addresses of two referees of whom confidential enquiries may be made – The first referee must be your **current** employer or if not currently employed, your last employer. If you have been unemployed for more than 12 months, you will be required to give a name and address professional in the health care environment as a referee (e.g. Social worker, District Nurse or Doctor). If you are leaving full-time education, your referee should be your Head teacher or College Principal. The second referee must be either a friend or a professional (but not a family member).

Name and address

Name and address

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Tel. No.

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Tel. No.

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Fax No.

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Fax No.

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E-mail

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E-mail

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Position/Relationship

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Position/Relationship

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Information to be sought from your referees will (as appropriate) include the length of time they have known you, your duties and reasons for leaving, the number of days sickness absence (but not reasons), details of any disciplinary action, your skills/abilities, work relationships and attitude, strengths and areas for development and your suitability for access to vulnerable adults.

**Criminal Conviction Declaration**

In view of the nature of the work for which you are applying, the post is considered to be exempt from the provisions of the Rehabilitation of Offenders Act 1974 as contained within the Exceptions Amendment Order 1986. Applicants are required to give details of all convictions for criminal offences, including pending convictions and those which would otherwise be considered as “spent”. If there are no convictions please enter “None”.

Conviction

Sentence

Date

| Conviction | Sentence | Date |
|------------|----------|------|
|            |          |      |

**Health Questionnaire**

(1) Have you ever suffered from any of the following?

|                     |        |                         |        |
|---------------------|--------|-------------------------|--------|
| Heart Disease       | Yes/No | Arthritis or Rheumatism | Yes/No |
| High Blood Pressure | Yes/No | Diabetes                | Yes/No |
| Back Problems       | Yes/No | Epilepsy                | Yes/No |
| Neck Pain/injury    | Yes/No | Asthma                  | Yes/No |
| Other               | Yes/No |                         |        |

If the answer to any of the above is yes - please give details below.

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(2) Have you been vaccinated for any of the following?

|                          |        |         |        |
|--------------------------|--------|---------|--------|
| Tuberculosis (T.B.)      | Yes/No | Polio   | Yes/No |
| Rubella (German measles) | Yes/No | Mumps   | Yes/No |
| Tetanus                  | Yes/No | Measles | Yes/No |

(N/B If you are unclear about any of the above answers, you may wish to consult your doctor)

(3) Have you lived outside the UK for a period longer than 6 months within the last 5 years?

If Yes - please give details below.

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(4) Have you ever suffered from any form of mental illness? Yes/No

If Yes - please give details below.

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Mayfair Care Services reserves the right to verify the above information with your current or previous employer, and any offer of employment may be subject to a satisfactory medical examination.

**Health Declaration Part 1 - To be signed by the applicant**

This statement is a declaration by the applicant that to the best of their knowledge their physical and mental health is good.

Name: \_\_\_\_\_

Designation: Home Care Assistant

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Health Declaration Part 2 - To be signed by the registered manager of Mayfair Care Services Ltd.**

This statement by the registered manager is confirmation that the above applicant is, to the best of my knowledge, physically and mentally fit for the purposes of the work which he/she is to perform.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Designation: Registered Manager

**Weekly availability to work** *(please only tick the box if you are available for the whole shift)*

| ↓ Day / Shift → | 06:30 - 12:00 | 12:00 - 15:00 | 15:00 - 18:30 | 18:30 - 23:30 | Overnight |
|-----------------|---------------|---------------|---------------|---------------|-----------|
| Monday          |               |               |               |               |           |
| Tuesday         |               |               |               |               |           |
| Wednesday       |               |               |               |               |           |
| Thursday        |               |               |               |               |           |
| Friday          |               |               |               |               |           |
| Saturday        |               |               |               |               |           |
| Sunday          |               |               |               |               |           |

**Minimum hours required per week:**

**Application Form Declaration**

I confirm that, to the best of my belief, the information I have provided is true and that any false information will result, in the event of employment, in a disciplinary investigation and is likely to result in dismissal.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_