

**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.

Personal details:	Address: _____ _____
Title: _____	Contact address (if different) _____ _____
First name: _____	
Surname: _____	Have you changed your address during last 3 years Yes/No if yes please indicate previous address (es) _____ _____
Maiden name: _____	
Has your name changed since the age of 18? Yes/No 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 do not wish to be Contacted at work
Mobile telephone number _____	<input type="checkbox"/>

Present Employers name and address (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.

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)

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

Tel. No. _____

Tel. No. _____

Fax No. _____

Fax No. _____

E-mail _____

E-mail _____

Position/Relationship _____

Position/Relationship _____

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

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.

(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.

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

If Yes - please give details below.

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

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:** _____