



## APPLICATION FORM

POSITION APPLYING FOR:		NMC REGISTRATIONS NUMBER:	
SURENAME		FIRSTNAME	MIDDLE NAME
ADDRESS:			
EMAIL:		TELEPHONE NO:	MOBILE NO:
DATE OF BIRTH:	NATIONALITY:	NATIONAL INSURANCE NO:	

Are you a citizen of the United Kingdom?	YES NO	If no, are you authorized to work in the U.K.?	YES NO
Have you ever been worked before in a healthcare company?	YES NO	If yes, when?	
Have you ever been convicted of an Offence?	YES NO		
If yes, explain:			

### Qualifications / Courses / Trainings

SCHOOL/LOCATION	QUALIFICATION	DATE

## Current Employment

COMPANY & ADDRESS	POSITION HELD	DATE FROM
NAME OF YOUR MANAGER	CONTACT NUMBER	
<b>REASON FOR LEAVING:</b>		

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## Previous Employment

A full of 5 year employment history must be provided. Gaps should be declared. Please continue on a different page.

COMPANY & ADDRESS	POSITION HELD	DATE FROM	DATE TO	REASON FOR LEAVING

**PROFESSIONAL REFERENCE 1**

NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
TEL. NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**PROFESSIONAL REFERENCE 2**

NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
TEL. NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**CHARACTER REFERENCE**

NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
TEL. NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**NEXT OF KIN**

**NAME:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **TEL NO:** \_\_\_\_\_

**DISCLAIMER & SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

**MAXICARE HEALTHCARE Ltd.**

Tel: 07377374858

Email: [mhl@maxicarelimited.co.uk](mailto:mhl@maxicarelimited.co.uk)



## DBS INFORMATION

### 1. 5-Year Residential History:

(Please include post codes and months and years of the date to and from residing in each place)

<b>Address:</b>	
<b>Date moved in:</b>	
<b>Date moved out:</b>	

<b>Address:</b>	
<b>Date moved in:</b>	
<b>Date moved out:</b>	

<b>Address:</b>	
<b>Date moved in:</b>	
<b>Date moved out:</b>	

### 2. Personal Details:

<b>Full Name:</b>	
<b>Other Names:</b> e.g. Maiden name. (Please include month and year of use)	
<b>Middle Names</b>	
<b>Town / City of Birth:</b>	
<b>District of Birth:</b>	
<b>Country of Birth:</b>	
<b>Nationality</b>	
<b>National Insurance Number:</b>	
<b>Date of Birth:</b>	



## HEALTH DECLARATION

Have you been vaccinated or tested against the following:	YES	NO	DETAILS (Plus dates if YES)
Hepatitis B			
HIV			
Tetanus			
Poliomyelitis			
Typhoid			
Rubella (German Measles)			
Tuberculosis and BCG			
Hepatitis B Antibodies			
Mantoux, tine or Heaf			
Varicella			
Last X-ray			
Others (Specify)			
Do you or have you at anytime suffered from any of the following	YES	NO	Details. (required if YES)
Skin complaints- dermatitis, Psoriasis, Eczema			
Diabetes or glandular complaints			
Headaches or Migraine			
Hypertension/ heart problems/ similar illness			
Back pains / Back injury or problems			
Jaundice / Hepatitis			
Epilepsy or fainting attacks			
Pleurisy /Bronchitis / Pneumonia			
Asthma			
Infections - ear / sore throat			
Psychiatric illness - Mental disorder/ depression etc.			
At present are you having any injections/medications	YES	NO	Details (if YES)
Are you under any treatment of any kind of condition?	YES	NO	
Have you had any major operations			
Physical Disabilities?			
How much time have you taken off work in the last 5 years due to illness?.			
Please state any other information about your health which may affect your work			
If you do not have vaccination information , please provide details of where we can request them below.			

*I certify the above information is correct and hereby give permission to **Maxicare Healthcare Ltd Agency** to request a further report from my GP/ Occupational Health/ Hospital for clarification if required and for my health report. I certify that I am fit for work in the care industry*

**Print Name:** \_\_\_\_\_  
**Signed:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*I certify that I am satisfied to the best of my knowledge that this employee is fit to undertake work in the care industry.*

**Print Name:** \_\_\_\_\_  
**Signed:** \_\_\_\_\_  
**Date:** \_\_\_\_\_



## WORKING TIME REGULATION FORM

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

According to the working time regulations,

- You are not required to work more than 48 hours per week except agreed in writing.
- An Agency staff is entitled to 11 hours rest from work in each 24 hours and 12 hours if under 18 years.
- A minimum of 20 minutes break when the working day is longer than 6 hours.
- Staff should not work 8 hours in every 24 hours if it is night work.
- Staff is entitled to a minimum of 1 day rest from work each week or 2 days every 2 weeks.

*I have read and understood the working time regulations and I hereby consent that the working time limit shall not apply to my assignments.*

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

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

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

**MAXICARE HEALTHCARE Ltd.**

Tel: 07377374858

Email: [mhl@maxicarelimited.co.uk](mailto:mhl@maxicarelimited.co.uk)



## REFERENCE REQUEST FORM 1

<b>Name of Candidate:</b>	
<b>Position Applied For:</b>	
<b>Date of Employment: From:</b>	<b>To:</b>
<b>If no, date they left: Reason for leaving:</b>	

<b>Please indicate by ticking the area that fit the Applicant's work in your Organisation</b>	POOR	SATISFACTORY	GOOD	EXCELLENT
Timekeeping				
Honesty				
Responsibility				
Reliability				
Communication skills				

<b>Please give any comment on the above person as any information would be helpful to us,</b>

<b>Problem re-employing the Applicant?</b>	<b>YES</b>	<b>NO</b>
If yes, please give details:		

### CRIMINAL CONVICTIONS

In order to protect the public, the post for which this application is being made is exempt from section 4.2 of Rehabilitation of Offenders Act 1974 (Exemption Order 1975). It is not therefore in any way contrary to the Act to reveal any information you have concerning convictions which would otherwise be considered as "spent" in relation to this application and which you consider relevant to the applicant's suitability for employment.

<b>Please Circle and Give details on the following:</b>		
Has the Candidate disclosed any criminal convictions to you?	Yes	No
If yes, please comment:		
In what capacity do you know the Candidate?		
Is the candidate still in your employment?	Yes	No

<b>Please note – this request is invalid unless endorsed with your company stamp, Letterhead or a compliment slip. Please place your company stamp below or specify which you have enclosed.</b>		
Official Stamp / Letterhead / Compliment Slip Enclosed:      Yes      No		
Signed:	Designation:	Date:
Name (block capitals)		
Company name:		
Telephone number:		

<b>OFFICIAL USE ONLY</b>	
Reference Validated by:	Signature:
Reference Validation Date:	Time:
Validated With (name of referee)	

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## REFERENCE REQUEST FORM 2

<b>Name of Candidate:</b>	
<b>Position Applied For:</b>	
<b>Date of Employment: From:</b>	<b>To:</b>
<b>If no, date they left: Reason for leaving:</b>	

<b>Please indicate by ticking the area that fit the Applicant's work in your Organisation</b>	POOR	SATISFACTORY	GOOD	EXCELLENT
Timekeeping				
Honesty				
Responsibility				
Reliability				
Communication skills				

<b>Please give any comment on the above person as any information would be helpful to us,</b>

<b>Problem re-employing the Applicant?</b>	<b>YES</b>	<b>NO</b>
If yes, please give details:		

### **CRIMINAL CONVICTIONS**

In order to protect the public, the post for which this application is being made is exempt from section 4.2 of Rehabilitation of Offenders Act 1974 (Exemption Order 1975). It is not therefore in any way contrary to the Act to reveal any information you have concerning convictions which would otherwise be considered as "spent" in relation to this application and which you consider relevant to the applicant's suitability for employment.

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Signed:	Designation:	Date:
Name (block capitals)		
Company name:		
Telephone number:		

<b>OFFICIAL USE ONLY</b>	
Reference Validated by:	Signature:
Reference Validation Date:	Time:
Validated With (name of referee)	

## CHARACTER REFERENCE

<b>Name of Candidate:</b>	
<b>Position Applied For:</b>	
<b>Date of Employment: From:</b>	<b>To:</b>
<b>If no, date they left: Reason for leaving:</b>	

<b>Please indicate by ticking the area that fit the Applicant's work in your Organisation</b>	POOR	SATISFACTORY	GOOD	EXCELLENT
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<b>Please give any comment on the above person as any information would be helpful to us,</b>

<b>Problem re-employing the Applicant?</b>	<b>YES</b>	<b>NO</b>
If yes, please give details:		

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Official Stamp / Letterhead / Compliment Slip Enclosed:      Yes      No		
Signed:	Designation:	Date:
Name (block capitals)		
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<b>OFFICIAL USE ONLY</b>	
Reference Validated by:	Signature:
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## EQUALITY AND DIVERSITY

MAXICARE HEALTHCARE LTD AGENCY is a professional Organisation dedicated to the success of our clients and agency staff alike. We are committed to the policy of Equal Opportunities and are keen to actively promote this where-ever possible.

We believe in our staff receiving the same treatment regardless of Race, Ethnic or National Origins, Gender, Martial Status, Sexual Orientation, Religion, Political Beliefs or Disability.

We inform all applicants registering with **Maxicare Healthcare Ltd Agency** about our belief and active promotion of the Equal Opportunities Policy.

### Equal Opportunities Monitoring Check (Please complete the following)

**Gender**      Male      ( )                      Female                      ( )

**Nationality /Origin**

**White**

Scottish                      ( )  
 British                      ( )  
 Irish                      ( )  
 Welsh                      ( )

**Other White Background**

Spanish                      ( )  
 Bosnian                      ( )  
 Armenia                      ( )  
 Kurdish                      ( )  
 Italian                      ( )  
 Kosovo                      ( )  
 Romany                      ( )  
 Portuguese                      ( )  
 Traveller                      ( )  
 Cypriot                      ( )  
 Greek                      ( )  
 Turkish                      ( )  
 Other white background                      ( )  
 Other former Yugoslavian                      ( )  
 Iranian                      ( )  
 Other Mediterranean                      ( )  
 Other former USSR                      ( )

**Mixed Background**

Asian and Chinese                      ( )  
 White and Black African                      ( )  
 Black and Chinese                      ( )  
 White and Asian                      ( )  
 White and black Caribbean                      ( )

**Asian**

Indian/British Indian                      ( )  
 Mixed Asian                      ( )  
 Punjabi                      ( )  
 British Pakistan / Pakistani                      ( )  
 Kashmir                      ( )  
 Tamil                      ( )  
 Sinhalese                      ( )  
 Sri Lankan                      ( )  
 East African Asian                      ( )  
 British Asian                      ( )  
 Other Asian                      ( )

**Black Caribbean**

Jamaican  
 Other Caribbean

**Other Ethnic Group**

Arab                      ( )  
 Filipino                      ( )  
 Iraqi                      ( )  
 Afghani                      ( )

**Black African**

Angola                      ( )  
 Ghanaian                      ( )  
 Nigerian                      ( )  
 Somalia                      ( )  
 Sudanese                      ( )  
 Congolese                      ( )  
 Kenyan                      ( )  
 Ugandan                      ( )  
 South African                      ( )  
 Eritrean                      ( )  
 Ethiopian                      ( )  
 Madagascan                      ( )  
 Tanzanian                      ( )

**Other :** \_\_\_\_\_

**Disability**

Do you consider yourself to have a disability?                      Yes      ( )                      No      ( )

If 'Yes' please state nature: \_\_\_\_\_

Are you registered disabled?                      Yes      ( )                      No      ( )

If 'Yes' please provide registration number: \_\_\_\_\_

Further information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_