

Mulier Care Solutions Ltd, as an equal opportunity employer, intends that no job applicant or employee shall receive less favourable treatment because of his or her sex, marital status, race, colour, nationality, national origins, ethnic origins, sexual orientation or disability nor be disadvantaged by any other condition which cannot be shown to be justifiable.

PLEASE USE BLACK INK AND BLOCK LETTERS

POSITION APPLIED FOR: _____ **DATE OF APPLICATION:** _____

Personal Details

Surname:	Forename(s):
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Maiden Name (if applicable):

Address:	Tel No:
	Mobile:
	E-mail:
Postcode:	Date of Birth:

Marital Status:

Next of Kin (*to be contacted in an emergency*) Name:

Relationship: Contact Number:

N.I. Number:

Do you need a work permit to work in the UK Yes/No

Interests:

Are you a car driver? Yes/No	Do you own a car? Yes/No
How far are you prepared to travel to work?
Availability: FULL TIME <input type="checkbox"/>	DAYS <input type="checkbox"/>
PART TIME <input type="checkbox"/>	NIGHTS <input type="checkbox"/>
Available from:	

Do you consider yourself to have a disability?	Yes/No
If so, please give details	

Educational & Professional Qualifications. Please include all pending examinations.

Please include all establishments since 11 years of age. Continue on a separate sheet of paper if necessary.

Name of Establishment	From	To	Qualifications
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Name of College/University	From	To	Qualifications
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Professional Registrations

GSCC/ NMC Pin	Expiry Date	Qualifications
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Employment History. Please provide complete history from leaving education, with reasons for any gaps in employment

Current Employment:

Name of Present Employer:..... Relevant Courses taken:

Full/Part Time.....

Position, Grade & description of duties: Date Appointed:.....

Have you previous agency experience? Salary:

Employer	Position	From	To	Reason for Leaving
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Rehabilitation of Offenders Act 1974

(Your attention is drawn to the fact that under the Rehabilitation of Offenders Act, 1974, you may be entitled to answer 'no' to this question even if you have, in the past, been subjected to criminal proceedings resulting in conviction(s). However, certain types of employment, especially in Social Care, are excluded, under the Rehabilitation of Offenders Act 1974 (Exemptions) Order, 1975, from the protection of the Act. It is therefore suggested that you take appropriate advice if you are in any doubt as to the correct answer to give.)

Do you have any Criminal Convictions? Yes/No
 If **YES** please give details

Do you have any Criminal Convictions PENDING? Yes/No
 If **YES** please give details

What is your approximate height? _____ What colour are your eyes? _____

Do you have any identifying particulars? Yes/No
 If **YES** please give details



References

Please give the Names, Addresses and Telephone Numbers of two people who know you in a professional capacity who will be called upon to give a reference, one of whom must be your current or last employer. Please note that we need to hold references for you that cover a 3 year work history. We will be unable to offer you work without this information.

Reference one:	Reference two:
Type of Ref:	Type of Ref:
Employer / Education / Personal / Practice Placement (*please delete as appropriate)	Employer / Education / Personal / Practice Placement (*please delete as appropriate)
Name of Organisation:.....	Name of Organisation:.....
Name of Referee:.....	Name of Referee:.....
Position:.....	Position:.....
Address:.....	Address:.....
Postcode:.....	Postcode:.....
Tel. no:.....	Tel. no:.....
Fax no:.....	Fax no:.....
Email:.....	Email:.....

Skills Assessment

Area of work	Length of Experience – (in years or months)

Declaration

I confirm that, to the best of my knowledge, the information that has been supplied on this form is complete and accurate in all respects and that the information given may be used for registered purposes under the Data Protection Act 1984.

I understand that knowingly giving false information could disqualify me from registration with Mulier Care Solution Ltd.

I understand and agree to all information held on my personnel file being made available for potential external audit purposes such as the CQC inspection etc.

Signed: Date:

Notes – For Office Use Only

Interviewer Signed: _____ Name: _____
Date: _____ Position: _____
Location of Interview:
Venue _____ City: _____
Basic Skills Test: name: _____ Position: _____