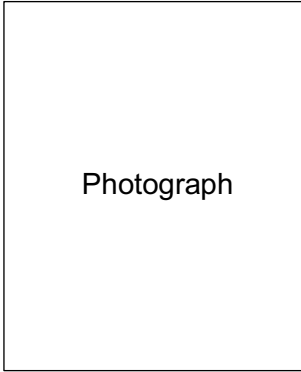




Return this form to us at:
MISSION HEALTHCARE SERVICE LTD,
Office 15, Falcon Enterprise Centre
Victoria Street, Chadderton, Oldham OL9 0HB
Or: application@missionhealthcareservice.co.uk



Photograph

Mission Healthcare Application Form

Please complete **all** fields in **black ink** and using **block capitals**.
If you need any help, please ask.

Part One – Your Personal details

Title Sex Female or Male

First name Last name

Date Of Birth Known As

Address

Postcode Nationality

Phone number

Email address

NI number

Do you have current Enhanced DBS Certificate? Yes No

If yes, enter your DBS Cert. No?

Do you hold a current UK Driving License? Yes No

Have you worked recently in a care support role? Yes No

Fit for work? Yes No

Are you a student? Yes No

If yes, please provide details.

Can you prove that you are legally entitled to work in the UK? Yes No

If you answered 'yes', what document/s will you provide to prove this? E.g. Passport, VISA, Home Office letter.



Part Two – Your Employment History

We are required by law to make sure we know about the work you have done in the past, as well as the periods you may have spent out of employment. Therefore, please list your **full** employment history here, including any periods when you were not working (along with an explanation of what you were doing). You may use extra sheets if you need more space.

Please **start with your current or most recent employment and work backwards.**

From (month and year)	To (month and year)	Employer and location (or educational establishment)	Your job role (or, if studying, your course)	Why you left (if applicable)



Part Three – Your Education

We are required by law to make sure we know about the work you have done in the past, as well as the periods you may have spent out of employment. Therefore, please list your **full** employment history here, including any periods when you were not working (along with an explanation of what you were doing). You may use extra sheets if you need more space.

Please **start with your current or most recent employment and work backwards.**

College/University	Qualification	Date

Your skills and qualifications

Do you have an NVQ/QCF level 2 (or above) in Health & Social Care? Yes No

Have you completed the Care Certificate (UK only)? Yes No

If you answered 'yes' to either of the above, you must provide a certificate or other evidence of completion.

Please tell us about any other relevant formal qualifications you have achieved:

.....

.....

NMC Registration (Nurses Only)

NMC PIN No:

Registration Date: Expiration Date:



Part Four – Personal Statement

This part of the application form gives you an opportunity to provide further information in support of your application. Please state how previous and present experience enables you to satisfy the essential and desirable criteria on the person specification. You may continue on a separate sheet if necessary. A decision to shortlist can only be based on the information provided.



Part Five – Your Referees

Please provide the details of **four** people that we can write to for a reference. The first of these people **must** be your current or most recent employer. The other referees will ideally also be your most recent previous employers.

If you cannot provide the details of four previous employers, you may substitute one or more of these with a referee who was a former tutor or teacher when you were in formal education.

If you cannot provide details of a teacher or tutor, we may accept a personal reference from a person of professional standing (e.g., a doctor, lawyer, accountant, recognised religious leader or teacher) who knows you, either professionally or personally.

You must not give the names of friends or relatives or colleagues that are/were not senior to you as referees. All references will be verified.

First referee (should be current or most recent employer)

Referee's name Position

Name of organisation, school or college

Address and post code

Phone Email

Dates of employment or study to
month year month year

Second referee

Referee's name Position

Name of organisation, school or college

Address and post code

Phone Email

Dates of employment or study to
month year month year

If any of the above referees are outside the European Economic Area, please tick here to consent to our contacting them



Part Six – Your Availability

It is really important to us that we know when you are available for work so, please do your best to ensure that the information you provide in this section is correct.

What is the earliest date you could start work with us?

Do you have your own transport? Yes No

Please tick here to indicate when you would usually be available for work:

	Day	Night
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else we should know about your availability?



Part Seven – Criminal Record

Have you received any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013 by SI 210 1198)?

Yes No

To your knowledge, are you currently the subject of any criminal proceedings (for example, charged or summoned but not yet dealt with) or any police investigation?

Yes No

If you answered 'yes' to either of the two previous questions, please provide details:

Do you consent to our applying for an enhanced criminal records disclosure on you and to our retaining a copy of your disclosure certificate during the period of your employment or until a new disclosure is completed (whichever occurs first)?

Yes No

Note that if, once a criminal records disclosure has been completed, it is discovered that you have failed to accurately disclose the information requested above, the company reserves the right to terminate your employment without notice.

Criminal records disclosures – our policy

As an organisation assessing applicants' suitability for positions which are included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order using criminal record checks processed through the Disclosure and Barring Service (DBS), we comply fully with the Code of Practice and undertake to treat all applicants for positions fairly. We will not discriminate unfairly against any subject of a criminal record check on the basis of a conviction or other information revealed.

We can only ask an individual to provide details of convictions and cautions that we are legally entitled to know about. Where a DBS certificate at either standard or enhanced level can legally be requested (where the position is one that is included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended) and where appropriate Police Act Regulations (as amended), we can only ask an individual about convictions and cautions that are not protected.



Part Eight – Declarations

Please read the following statements carefully. If there is anything you do not understand, **please ask before you sign at the bottom of the page.**

I, the job applicant named on the front of this form, confirm that the information I have given in this application is accurate and true to the best of my knowledge. I also understand and agree that:

- The company may make checks to verify the information I have provided;
- Providing misleading or false information in this form or at any other time during the application process may disqualify me from appointment or, if I have already been appointed, may result in my dismissal;
- The personal information I have provided in this form (and any other personal information that I or my referees may provide) is confidential and will be handled in line with the Data Protection Act 1998;
- The company will use the personal information I have provided to decide if I am suitable for the job I have applied for;
- Until I am employed, the company will not use my personal information for any purpose other than monitoring its own recruitment processes and that if the company does use my personal information for statistical analysis, it will be anonymised;
- If my application is unsuccessful, the company will keep only basic information about me and destroy the rest;
- If my application is successful, my personal information will be used for legitimate purposes in relation to my work (my contract of employment, which I will sign before I start work, will include further detail on how my information may be used);
- The company may process my personal information for the purposes described above or as otherwise permitted or required by law in line with its registration with the Information Commissioner;
- Any offer of employment will depend on the receipt of satisfactory employment references and the satisfactory completion of a criminal records disclosure (see part six above);
- I will be liable for the cost of my initial criminal records disclosure but that the company will bear the cost of any future disclosures that need to be made;
- I will be required to complete a pre-employment induction training programme prior to my starting work with the company;
- My attendance on the induction training programme will not indicate any offer (on the part of the company) or acceptance (on my part) of employment and that the time I spend on the induction programme will therefore not count as working time for the purposes of calculating the company's compliance with National Minimum Wage regulations;

Name

Signed

Dated



CONSENT DECLARATION FORM

Your privacy is important to us, and we want to communicate with you in a way which has your consent, and which is in line with UK law on data protection. As a result of a change in UK law, we now need your consent on how we contact you. Please fill in the contact details you want us to use to communicate with you:

Name _____

Address: _____

Email Address: _____

Phone Number: _____

By signing this form, you are confirming that you are consenting to Mission Healthcare Service holding and processing your personal data for the following purposes (please tick the boxes where you grant consent).

Signed: _____ Dated: _____

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent, we will not be able to use your personal data; (so for example we may not be able to let you know about company business updates, forthcoming services and events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from our office.

You can withdraw or change your consent at any time by contacting Mission Healthcare Service Administrator at Office 15, Falcon Enterprise Centre Victoria Street, Chadderton, Greater Manchester, OL9 0HB

Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.



This page is for office use only

Application form assessed by:

Name

Position

On the basis of the completed application form, is the applicant suitable to progress to a selection interview?

Yes

No

If 'no', please explain why:

Successful applicants should be invited to an interview (a letter template is provided for this purpose).

Signed

Dated

Additional notes: