



Macdave Services Ltd
2 Falmouth Road, Leicester, Leicestershire LE5 4WH
Phone: 07850953691 / 01162733971/ 08000016917

Application for Employment:

The information disclosed within this application form may be used in conjunction with an Enhanced Disclosure Application.

Please fill in the application form, in black ink.

Position applied for:

Personal Details

Title: Mr/ Mrs/ Miss/Dr	
Surname	Marital Status
Forename(s)	
Previous Names	
Home Address	
Postcode	
Your email address (if any)	
Home Telephone	
Mobile Telephone	
Work / Other Telephone	
Nationality	
Country of Birth	Date of Birth
Work Permit No (If Applicable)	
National Insurance Number	
Do you hold a current U.K driving Licence?	
Do you have the use of a car?	

Next of Kin



Full Name
Relationship
Home Address
Postcode
Home Telephone
Mobile

Employment History (Most recent first)

Please give a full and continuous employment history since leaving full time education explaining any gaps or breaks.

Start Dat	Finish Date	Position Held	Employer Name and Address	Reason for Leaving



Please attach additional sheets if needed

Professional Qualification

Please enter in the sections below, only qualifications relevant to the position for which you are applying.

NMC Pin Number	Part Register	Expiry Date

Qualifications	Date Obtained	Place of Training



EDUCATIONAL QUALIFICATIONS

Name and Address of Sch	Year attended	Results / Grade obtained

Do you have any formal training in care?

Training done	Date obtained	Expiry Date



Reference:

Please supply the details of at least two referees of which, one must be your current or most recent employer. Reference will be sought upon receipt of this application.

Full Name
Address
Postcode
Telephone Number
Profession/ Position
Full Name
Address
Postcode
Telephone Number
Profession / Position
Full Name
Address
Postcode



Telephone Number
Profession / Position

If your application were successful, when would you be able to commence work?

If applying for this position as a secondary income, responsibility is placed on applicant to seek authorisation where necessary

Rehabilitation of Offenders Act 1974

By virtue of the rehabilitation of offenders act 1974 (Exceptions order 1975, the provisions of section 4.2 of the rehabilitation of offenders Act 1974 do not apply to any employee who is concerned with provision of health services and which is of such a kind as to require the employer to have access to persons on receipt of such services in the course of his/her duties. Your answer to the following questions should include any 'spent' convictions.

Have you ever been convicted of a criminal offence?	Yes
If Yes please details including dates	



I have answered the above questions honestly and fully and that I am not aware of any physical or mental disability, which may affect my working capacity. I realised that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal. I also understand that my details will be submitted for a check by the Disclosure Bureau Service.

I agree to comply with the current Health and Safety at Work Act.

It is a condition of employment that you work flexibly in accordance with the requirements of the Company. Accordingly, if accepted and employed you acknowledge that there may be periods when no work is available, and the Company has no obligation to provide an employee with any work or to provide with any minimum number of hours in any day of the week.

Signed.....Date.....



Please detail any further information you wish to put forward in support of your application.

I declare that the above information is true. I understand that any job offers made on the basis of untrue or misleading information may be withdrawn or my employment is terminated.

Signed.....Date.....



Bank Details Form

Name.....

Address.....

.....

.....Postcode.....

Bank Details

Name of account holder.....

Account number.....Sort Code.....

Name of bank.....

Other details.....

Your Signature.....



Macdave Services Ltd
 2 Falmouth Road, Leicester, Leicestershire LE5 4WH
 Phone: 07850953691 / 01162733971/ 08000016917

Registration requirements

		YES	NO
	Passport		
	Marriage Certificate / Civil Partnership Certificate		
	Evidence of Current Address		
	Up to Date Utility Bill		
	NHS Card		
	Council Tax Statement		
	Bank Statement / Mortgage Statement		
	National Insurance Number		
	2 passport size photographs		
	Certificate of Qualifications		
	Educational Qualifications		
	Professional Qualifications		
	Certificates of Training Undertaken		
	Right to work in the UK - Work Permit / Visa - Must be provided		
	Student Permit / Visa - Must be provided		
	Driving Licence		
	Vehicle Insurance and MOT certificate		

- Driving Licence (requirement for support workers carrying clients in their cars)
- Vehicle M.O.T Certificate (requirement for support workers carrying clients in their cars)
- Vehicle Insurance Certificate (requirement for support workers carrying clients in their cars)

