



MSC Home Care Ltd. Carer Job Application Form



Please complete each section clearly using a **Black Pen**.

Section One. Your personal details

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Title: _____ Forenames: _____ Last Name: _____

What name are you known by: _____

Home Address: _____

Post Code: _____

Telephone Number: _____ Mobile Phone Number: _____

Email Address: _____

National Insurance Number: _____ Date of Birth: _____

Section Two. Proof of your identity and right to work in the UK

Before MSC Home Care can offer employment it is required to verify your identity and right to work in the UK. We will use this on-line check list <https://www.gov.uk/legal-right-work-uk> to initially assess your right to work in the UK. You will also be required to produce the applicable original documents for examination and verification. For more information about the right to work in the UK, please see <https://www.gov.uk/check-job-applicant-right-to-work>.

Do you have the right to work in the UK? NO YES

Section Three. Any previous criminal proceedings, cautions, and convictions?

Application for employment as a carer is regarded as a Regulated Activity; you are therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974 Section 4.2 (Exemption Order 1975). You are not entitled to withhold information about convictions which for other purposes might be considered 'spent' under the provisions of this Act. Current guidance regarding the Rehabilitation of Offenders Act can be found at: <https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974>. Guidance regarding Regulated Activity can be found at: <https://www.gov.uk/government/publications/new-disclosure-and-barring-services>

Have you been or are you currently the subject of any criminal proceedings or police investigation? NO/YES please state; _____

Section Four. Enhanced Disclosure and Barring Service (DBS) Check

MSC Home Care is required to complete an enhanced DBS check to establish that you are an appropriate person to undertake work as a carer with vulnerable adults which is regarded as a Regulated Activity. You will need to provide documents to prove your identity and addresses for at least the last 5 years. MSC Home Care uses an on-line system to submit your details. You may not be able commence employment until MSC Home Care has received a satisfactory enhanced disclosure. For guidance about enhanced DBS checks please see; <http://dbs.services/enhanced-dbs-check>

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Section Five. Your Employment History

Please state the details of your **present or most recent Employer**.

Name: _____

Address: _____
_____ Post Code: _____

Telephone Number: _____ Your Job Title or Role: _____

Date Started: _____ Date Finished: _____

Reason for leaving: _____

Previous Employer

Name: _____

Address: _____
_____ Post Code: _____

Telephone Number: _____ Your Job Title or Role: _____

Date Started: _____ Date Finished: _____

Reason for leaving: _____

Previous Employer

Name: _____

Address: _____
_____ Post Code: _____

Telephone Number: _____ Your Job Title or Role: _____

Date Started: _____ Date Finished: _____

Reason for leaving: _____

Please ask if you require an additional sheet to record your employment history for the last 5 years.

Section Six. Employment References

MSC Home Care requires a minimum of two references; one must be from your present or most recent employer. The reference should be completed by your present or previous Manager, Director or the Human Resources Department. If you are unable to provide a reference from previous employers, we may accept references from professional persons that have known you for at least 5 years.

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Reference One.

Please state the contact details for your present or most recent Employer.

Name: _____ Job Title or Role: _____

Company or Organisation Name: _____

Address: _____

_____ Post Code: _____

Telephone Number: _____ Mobile Phone Number: _____

Email Address: _____

If you are presently employed, please indicate your agreement to MSC Home Care contacting your employer for a reference. Yes, I Agree or, please confirm when it will be acceptable for us to contact them, Date: _____

Reference Two

Please state the contact details for previous employer.

Name: _____ Job Title or Role: _____

Company or Organisation Name: _____

Address: _____

_____ Post Code: _____

Telephone Number: _____ Mobile Phone Number: _____

Email Address: _____

Section Seven. Your Availability to work?

When could you start work? _____

Do you have any holidays or other events that are already booked? NO/YES please state when;

MSC Home Care normally provides services, from 7.00am – 10.00pm, 7 days a week. We need carers available to cover these hours, working both full and part time hours. Weekly rotas start on Saturday, until Friday.

Please indicate how many regular hours per week you want to work? _____

Please indicate if you would be available to work additional hours if required _____

We expect carers to be available to work every other weekend. Please indicate with an X in the relevant box for any shift (Morning, Lunchtime, Tea and Bedtime) or day(s) when you are **regularly NOT available**.

Saturday

Morning 7 - 10.00 am Lunchtime 12 - 2.00 pm
Tea 4 - 6.00 pm Bedtime 7-10.00 pm

Sunday

Morning 7 - 10.00 am Lunchtime 12 - 2.00 pm
Tea 4 - 6.00 pm Bedtime 7-10.00 pm

Monday

Morning 7 - 10.00 am Lunchtime 12 - 2.00 pm
Tea 4 - 6.00 pm Bedtime 7-10.00 pm

Tuesday

Morning 7 - 10.00 am Lunchtime 12 - 2.00 pm
Tea 4 - 6.00 pm Bedtime 7-10.00 pm

Wednesday

Morning 7 - 10.00 am Lunchtime 12 - 2.00 pm
Tea 4 - 6.00 pm Bedtime 7-10.00 pm

Thursday

Morning 7 - 10.00 am Lunchtime 12 - 2.00 pm
Tea 4 - 6.00 pm Bedtime 7-10.00 pm

Friday

Morning 7 - 10.00 am Lunchtime 12 - 2.00 pm
Tea 4 - 6.00 pm Bedtime 7-10.00 pm

Section Eight. Your Training and Development

Please list below all your qualifications and any relevant training you have completed. You will be required to produce the applicable original documents and certificates for examination and verification.

Have you completed an NVQ level 2 or above in Health and Social Care? NO/YES

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Name of the Education or Training provider	Address	Qualification or training achieved	Date completed

Please ask if you require an additional sheet to record your training history.

Section Nine. Your Health Assessment

Working as a carer requires physical effort (for example, cleaning, moving and handling people), and emotional/psychological effort (for example, challenging behaviour, rapid changes to plans and distress). Do you have any medical condition which could limit or affect your employment as a carer for which MSC Home Care might need to make reasonable adjustments? NO/YES please state; _____

Section Ten. Your Transport Details

Do you hold a valid and current full driving licence? YES NO

Do you have access to your own transport for use at work? YES NO

Do you have valid and current insurance for a vehicle for business use? YES NO

Further comment: _____

Section Eleven. Your Declaration

By making this application for employment, I _____ (your name) confirm and agree to the following. (please tick indicating you have read each statement)

- The information I have given in this application form is accurate and complete to the best of my knowledge.
- MSC Home Care can use and check this information to verify my suitability for employment.
- Providing misleading or false information during the application process may prevent me being offered employment or my employment terminated after commencing employment.
- All personal information provided for my application for employment is confidential and should be treated as required by the Data Protection Act 1998. Specifically, it should only be kept and used in connection with my application and employment as a carer.
- An offer of employment will depend on receipt of satisfactory references and an enhanced DBS check.
- I will be required to satisfactorily complete a pre-employment induction training programme.

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Signed : _____ **Date:** _____

Section Twelve. The next stage – An Interview.

When you have completed this application form, please contact us directly to return the completed form and arrange an interview.

Please inform us before your interview if you need any reasonable adjustments for the interview, this might include equipment or assistance to ensure effective communications at the interview.

At the interview we will ask you some questions about your motivation and experience to complete the role of a carer? how you value other people? and your attention to detail and ability to follow instructions.

Section Thirteen. Equality and Diversity Monitoring

MSC Home Care works to ensure it promotes equality and diversity including in its employment arrangements. To check how effective we are please complete this section of your application form separately, this information is not used to assess your suitability for employment.

Age

<18 18-24 25-30 31-40 41-50 51-60 61-70 70+

Gender

Male Female Transgender Other (please state) _____

Sexual Orientation

Gay Lesbian Bisexual Heterosexual

Ethnic Origin

White

British Irish Other

Asian

Bangladeshi Indian Pakistani Other

Black

African Caribbean Other

Mixed

White and Black Caribbean White and Black African

White and Asian Other

Other

Chinese Other Ethnic Group Prefer not to say

Religion

No religion Buddhist Christian Hindu Jewish Muslim Sikh

Other