



info@vicmavcare.co.uk

Committed to Care

APPLICATION FOR EMPLOYMENT

IMPORTANT

All sections of this application form must be completed. It is the applicant's responsibility to provide sufficient information for the application to be assessed and care should be taken to ensure that the details are full, accurate and relevant to the requirements set out for the post. No curriculum vitae (CV) to be attached. Please type or write your answers in BLACK ink and continue on a separate sheet if necessary.

What position are you applying for?
Date Available:

How did you hear about this job?

Google	☐	Other search engine	☐	Company website	☐
www.indeed.co.uk	☐	Other website	☐	Leaflet	☐
Newspaper advert	☐	Jobcentre	☐	Word of mouth	☐
Other (please specify)					

If you were told about this job by someone that works for us, please tell us their name:

For compliance of the **Working Time Directive**, we would appreciate it if you could indicate which age bracket you fall into: **Under 16** ☐ **16-17** ☐ **18-25+** ☐ **25+** ☐

Personal and Social information

Family Name:	First Names:
Date of Birth:	
Address:	Previous Family Name (if applicable)
Post Code:	Telephone: Home: _____ Mobile: _____
E-mail:	



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Nationality Are you a British Citizen?	YES/NO, If not, Citizenship:
National Insurance No:	
Hobbies and other interests:	
Do you hold a current Full Driving Licence	Yes/No
Do you own or have regular use of a car?	Yes/No
Name & address of next of kin to be contacted in an emergency:	
Name:	
Address:	
.....	
Tel: Relationship:	

Disclosure of Criminal Convictions (Spent and Unspent)

It is the policy of VICMAV CARE to require all applicants to disclose criminal convictions, cautions and any other dealings they may have had at any time with the Police.

You are required to include convictions, which may be “spent” under the Rehabilitation of Offenders Act 1974. This is because the job you are applying for is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and 1986. Both “spent” and “unspent” criminal convictions must therefore be disclosed.

The information you provide will be treated as strictly confidential and will be considered for appointment for which you are applying. Criminal Records Bureau checks will show anything which the Chief Constable feels may be relevant.

Disclosure of any information does not necessarily mean that you will not be considered for appointment. The Company will have regard to the **ACAS Code of Guidance** and a main consideration will be whether the offence is one which would make an applicant unsuitable for the type of work to be done.



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Enter any information in the space provided. If you have no information that you believe is relevant, please enter "None".

Information	Date	Outcome (conviction caution, none)

Education (Secondary and above)

Date From	Date To	Name and address of School College etc	Qualifications



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Employment history (Show last/current employment first)

We need your **full** employment record. For any period of unemployment please put dates and addresses of the Department of Employment where you registered. Please explain any gaps in your work history.

From	To	Name and address of Employer	Job Title	Salary	Reason for Leaving

Health details (provided in confidence) *(Please circle your answer)*

Name and address of Your Doctor:			
May we contact your Doctor?		Yes	No
Are you pregnant? (We need to know this so that we can take steps to protect you and your baby)		Yes	No
Do you smoke? If 'yes' how many per day?	Yes	No	Number



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Do you drink? If 'yes' how many units per day/per week?	Yes	No	Number
Have you any permanent disability?	Yes	No	
Are you a Registered Disabled Person	Yes	No	
If yes, what is your disability			
What is your registered number			

The answers supplied to the above questions are true to the best of my knowledge. Furthermore, I undertake, if appointed, to report immediately to my Manager if I should be suffering from vomiting, diarrhoea, skin rash, septic skin lesions or discharges from ear, eye nose or any other site.

1. After returning to, but before re-starting work, and
2. After returning from a holiday abroad, having suffered from vomiting and diarrhoea for more than two days.

I understand that when deciding to appoint or not appoint me, **VICMAV Care Ltd** will only take account of any medical conditions I may have where the medical condition contradicts the type of work applied for, and where reasonable adjustments to accommodate my medical condition cannot be made.

Is a Work Permit Required? Yes/No

Please provide copy of passport and work permit

PENSION

Do you currently contribute to a Pension policy? Yes/No

I would like to join the Company Pension Scheme and Contribute 3% of my salary (This is compulsory) Yes/No

Do you wish to contribute more than 3% of your salary? Yes/No

REFERENCES - Please provide the names of at least two people, one of whom **MUST** be your present or last employer, who may be asked for a reference. All applications for references will be made in the strictest confidence after first having obtained your permission.



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NAME	
Position/Relationship	
ADDRESS	
Telephone	E-mail:
Type of reference - School/College/Employer/Character <i>(Please circle)</i>	

NAME	
Position/Relationship	
ADDRESS	
Telephone	E-mail:
Type of reference - School/College/Employer/Character <i>(Please circle)</i>	

NAME	
Position/Relationship	
ADDRESS	
Telephone	E-mail:
Type of reference - School/College/Employer/Character <i>(Please circle)</i>	

DETAILS OF SKILLS/EXPERIENCE

Please state the reason why you are applying for this post and give details of any experience/training/skills that you have which you think are relevant together with any other information in support of your application, including details of your present post. (Use additional A4 sheets if needed)



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Data Protection Information

The information which you have supplied on this form will be processed and may be held on computer and will be held on your personal records file if you are appointed. The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal.

Declaration

I confirm that I have read and understood this document.

I understand that the completion of this form does not guarantee employment.

I certify that all the information given on this form is true and accept that any misstatement or suppression of material may mean the cancellation of any appointment, and the termination of any employment.

I understand that any offer of employment made is subject to the receipt of satisfactory references and an Enhanced Criminal Records Bureau Check.

I understand that VICMAV Care Ltd is an Equal opportunities employer and that an offending record is not necessarily a bar to employment.

As this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, I hereby undertake to advise **VICMAV CARE LTD** of any criminal offence which I may be convicted of during my employment with **VICMAV CARE LTD**.

Date:

Signature of Applicant:

If it is by mail or hand post, please return completed form to: 60 Tottenham Court Rd, Suite 4556a, London W1T 2EW

FOR OFFICE USE ONLY:



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Comments on application form and further information required:

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Action taken:

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References Checked: YES/NO

Signed (Registered Manager OR appointed Deputy):

..... **Name:**

Date:

1. Application Approved

☐

2. Application Pending

☐

3. Application Refused

☐