



RUN BY PROFESSIONALS FOR EXCELLENT AND PROFESSIONAL SERVICES

MIDLANDS MEDICARE SERVICES LIMITED
70 WARWICK STREET, BIRMINGHAM. B12 0NL
TEL: 0121 448 7377
MOBILE NO: 07407136604/07803134785
EMAIL: info@midlandsmedicareservices.co.uk
WEB: midlandsmedicareservices.co.uk



Application Form

Thank you for your interest in working for Midlands Medicare Services Ltd and our vacancy. To apply for this position, please complete **all** sections on this application form.

By completing this application form, you agree for Midlands Medicare Services Ltd to process, store, and disclose the information contained within for the purposes of recruitment, payroll, equality, diversity and inclusion, and employment administration. If you are unsuccessful in your application, your application will be retained for a period of six months, after which it shall be destroyed.

Please make it clear which vacancy you are applying for, that you are interested in.

Job Role Applied For:	
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Personal Details

Name:	Title:
Address:	
Telephone:	Mobile:
Email:	

National Insurance Number:

Are you eligible to work in the UK?

Date of Birth:

Declaration

I confirm that the information contained within this application is accurate and correct to the best of my knowledge. I accept that if I supply incorrect, false or misleading information it may lead to the possibility of the withdrawal of the offer of employment or potential disciplinary action.

Signed:	Date:
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Equality, Diversity and Inclusion

Black Country Housing Group is committed to ensuring equality of opportunity. This page will not be included in the shortlisting process and the information below is only used for monitoring purposes. All your information will be treated in the strictest of confidence.

Ethnicity

White British <input type="checkbox"/>	Asian/Asian British: Indian <input type="checkbox"/>
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White Irish <input type="checkbox"/>	Asian/Asian British: Pakistani <input type="checkbox"/>
White Other <input type="checkbox"/>	Asian/Asian British: Bangladeshi <input type="checkbox"/>
Mixed: White & Black African <input type="checkbox"/>	Asian/Asian British: Other <input type="checkbox"/>
Mixed: White & Black Caribbean <input type="checkbox"/>	Black/Black British: African <input type="checkbox"/>
Mixed: White & Asian <input type="checkbox"/>	Black/Black British: Caribbean <input type="checkbox"/>
Mixed: Other <input type="checkbox"/>	Black/Black British: Other <input type="checkbox"/>
Chinese <input type="checkbox"/>	Other (Please state):
Prefer not to say <input type="checkbox"/>	

Sexual Orientation

Heterosexual <input type="checkbox"/>	Bisexual <input type="checkbox"/>
Homosexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Relationship Status

Single <input type="checkbox"/>	Cohabiting <input type="checkbox"/>
Civil Partnership <input type="checkbox"/>	Married <input type="checkbox"/>
Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	

Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>
Transgender <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Religion/Belief

Christianity <input type="checkbox"/>	Islam <input type="checkbox"/>
Buddhism <input type="checkbox"/>	Sikhism <input type="checkbox"/>
Hinduism <input type="checkbox"/>	Judaism <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Other (Please State):

Disability

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	

Criminal Record - Have you ever been or expect to be convicted, of any offence(s) whether in the UK or overseas, whether spent or not under the Rehabilitation of Offenders Act 1974?

Yes No

If Yes, please give details:

Employment History

Please complete this section giving **your full employment history**. Please start with your most recent job. Where possible explain all gaps in employment, whether it is due to unemployment, education/training or a career break.

Date From	Date To	Job Title	Organisation	Reason for Leaving



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Please give an outline of your most recent role:

How much notice are you required to give your current employer?

What is your current salary?

Qualifications

Please provide details of your relevant qualifications starting with your most recent.

Date From	Date To	Qualification	Grade	School/College/University

Do you have a current driving licence? Yes No

Do you own a vehicle? Yes No



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Supporting Evidence

Please detail your skills, knowledge and experience to show us why you are suitable for the role. You may use additional sheets if required.



Fit and Proper Person Test

Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 14 all providers of care and support are required to undertake a fit and proper person test for staff to determine their suitability to work in care/support. This section must be completed accurately and honestly. A failure to do so may result in the withdrawal of any offers or disciplinary action.

<p>Have you ever been referred to the Disclosure and Barring Service, whether proven or not?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give details:</p>
<p>Have you ever been dismissed or disciplined in any previous role where you have provided care or support to vulnerable children or adults?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give details:</p>
<p>Have you ever been directly or indirectly involved in any misconduct or mismanagement in the course of carrying out a role in a Care or Support activity?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give details:</p>
<p>Have you personally, or any organisation that you have been an active member of, ever, or do you expect in the next 12 months to have, suffered insolvency, had a debt relief order applied or made any arrangement with a creditor?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give details:</p>
<p>Are you able by reason of health, after reasonable adjustments are made, to properly perform tasks which are intrinsic to your role?</p> <p style="text-align: center;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If 'No' please explain:</p>
<p>Have you ever been responsible for, been privy to, contributed to, or have you facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity? This includes any activity or service provided elsewhere, which if provided in England, would be a considered a regulated activity</p> <p style="text-align: center;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If 'Yes' please provide details:</p>
<p>Have you personally, or any incorporated body or charity that you have been a member of, ever, or do you expect in the next 12 months to have, suffered an insolvency event, had a debt relief order applied or made any arrangement with a creditor – in the UK, Scotland or Northern Ireland?</p> <p style="text-align: center;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If 'Yes' please provide details:</p>

<p><i>I confirm that the information provided in this declaration is, to the best of my reasonable knowledge and belief, accurate and complete.</i></p>	<p>Signed:</p> <p>Date:</p>
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References

Please provide the full contact details of two referees. One must be of your **current or most recent employer**. If your most recent employer is not in care, please provide your most recent employer in the care/support industry.

	Referee 1	Referee 2
Name		
Organisation		
Address		
Telephone		
Email		
Their relationship to you		