

EMPLOYMENT APPLICATION FORM

ADDRESS: **MOONSTONE CARE UK**

Bizniz Point, Stratford, Burrell House,
44 Broadway,
London,
E15 1XH
TEL: 02031300481

EMAIL: info@moonstonecareuk.co.uk

Company Registration Number: 11126884

Position Applied For:		Area:	D.o.B.:	
Personal Details				
Surname:		First Name:		
Address:				
Tel: (Home)	Tel: (Work)	Tel: (Mobile)	E-mail:	
Nationality at Birth:		NI	Nationality Now:	
Are you subject to Immigration control? (If yes, please give details.) YES/NO		Are you free to remain and take up employment in the UK? YES/NO		
Do you own a Car? YES/NO		Do you own a full & current driving licence? YES/NO		

Next of Kin name:

Relationship to applicant:

Contact Tel:

Current or Most Recent Employment				
Job Title:		Date From:	Date to:	Notice required:

Name & Address of Employer:			
Salary:	Grade:	Reason for leaving:	
Brief description of current or most recent duties:			

For the sections below, please continue on a separate sheet of paper if necessary.

Previous Employment History (most recent post first)					
Employer:	Job title:	Salary/ Grade:	Date from:	Date to:	Reason for leaving:
How many periods of sickness have you had over the last 2 years?					
How many days in total?					

Education including Professional Development e.g NVQ, Open University etc.

Secondary School/College/University:	Dates Attended:	Qualifications:	Dates Obtained:
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Training Courses Attended (most relevant)

Other Skills: Please give details of any other skills relevant to the post applied for.

Comments: Please explain why you have applied for this post and list any skills that could support your application

Leisure Interests: Please tell us about your hobbies, interests, membership of clubs and societies etc.

References (please provide details of two referees including current/last employer)

Reference 1		Reference 2	
Name		Name	
Relationship		Relationship	
Address		Address	

Tel. No:		Tel. No:	
Email Address		Email Address	
Can we take up references before an offer is being made?			YES/NO
Period of notice in current employment?			
Have you any holiday booked? YES/NO			
If YES please give dates:			

Statement of Medical History					
Please enter all details in this section carefully. If you are in any doubt you may wish to consult with your Doctor.					
Do you suffer or have you suffered from any of the following?					
Illness	Yes	No	Illness	Yes	No
Tuberculosis			Hernia/Rupture		
Asthma/Bronchitis			Gastric/Duodenal		
Pneumonia			Pleurisy		
Bowel Problems			Coughing/Spitting Blood		
High Blood Pressure			Dysentery/Typhoid		
Heart disease			Jaundice		
Neck/Back Injury			Hepatitis A		
Diabetes			Hepatitis B		
Epilepsy			Hepatitis C		
Fits/Faints/Blackouts			Dermatitis		
Head Injury			Eczema		

Concussion/Giddiness			Psoriasis		
Rheumatism/Arthritis			Allergies		
Varicose Veins			Mental Illness		
Migraine			Depression		
If the answers to any of the questions are yes, please give details below					
Have you lived outside the UK for a period longer than 6 months in the last 5 years					YES/NO
Place and Country of Residence:					
Date:					

Immunisation & Vaccination History			
Please state with dates, whether you have been immunised against any or all of the following			
	Yes	No	Dates
Hepatitis B			
Tetanus			
Polio			
Diphtheria			
TB/BCG			
Rubella			
Details of your General Practitioner			
Name	Address	Tel No.	Reason for last visit

Are there any other health issues you should make us aware of?

YES/NO

If the answer is YES, please specify:

Have you been Hospitalised during the last 5 years?

YES/NO

If the answer is YES, please specify:

DISABILITY DISCRIMINATION

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The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

The list below contains examples of the types of impairment:

- Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
- Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment.
- Mental health condition, such as depression or schizophrenia.
- Learning disability such as dyslexia or cognitive impairment such as autism.
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- Other, such as disfigurement.

Do you consider yourself to be disabled?

Yes

No

If you have answered YES do you require any particular facilities or adjustments to assist you:

A. To attend the interview?

Yes No

If you have answered YES do you require any particular facilities or adjustments to assist you:

A. To attend the interview?

Yes No

If YES please provide details:

B. If you are offered employment?

Yes No

If YES please provide details:

DECLARATION

I understand and acknowledge that should I knowingly make a false statement to any questions on this form or should I wilfully conceal any material fact, I will, if engaged, be liable to the termination of my Contract of Service, either with or without notice.

Signature of Applicant:

Date:

Signature of Interviewer:

Date:

EQUAL OPPORTUNITIES MONITORING

Monitoring Information

(Moonstone Care) is committed to the principle of equal opportunities in employment. We aim to ensure that all employees are recruited, trained and promoted solely on the basis of their skills and attributes.

We are committed to best practice recommendations that employers should regularly monitor the effects of selection decisions to assess whether equality of opportunity is being achieved.

For this purpose, we ask you to choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

The information you provide will not be made available to those involved in the recruitment process. It will be used solely for the purposes of equal opportunities monitoring.

1. Your age

16 - 24		45 - 54	
25 - 34		55 - 64	
35 - 44		65+	

2. Your ethnic group

These are based on the Census 2001 categories, and are listed alphabetically.

Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

	Bangladeshi		Indian		Pakistani
	Any other Asian background Specify if you wish:				

Black, Black British, Black English, Black Scottish or Black Welsh

	African		Caribbean		
	Any other black background Specify if you wish:				

Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh, or other ethnic group

	Chinese		Any other Chinese background Specify if you wish	
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Mixed

	White and Black African		White and Black Caribbean		White and Chinese
	Any other mixed background Specify if you wish:				

White

	British		English		Irish
	Scottish		Welsh		
	Any other white background Specify if you wish:				

3. Your Gender

Female		Male		Prefer not to say	
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4. Your religion or belief

Which group below do you most identify with?

	No religion		Baha'i		Buddhist
	Christian		Hindu		Jain
	Jewish		Muslim		Sikh
	Prefer not to say		Any other religion Specify if you wish:		

Thank you for taking the time to complete this form

BANK DETAILS :

BANK NAME:

SORT CODE:

ACCOUNT NO: