

Regus Office , Room G09A , Building 3 , City West Business Park , Gelderd Road, Leeds , LS12 6LN

Please ensure that you complete the application form in full as we cannot accept CVs. Please complete with black ink and block capitals. This form will be kept in confidence. Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural, religious, political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and / or Trade Union membership or stewardship.

If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time), please contact the Registered Manager.

Positio	on Applie	d For:							Location:				
Work Preference:				Full Time Part Time Bank Hours Requested:									
	stand th		•		work, L	Jnsociabl	e Hours	, Lone	working i	nvolved.	Yes		No
Mor	nday	Tues	sday	Wedn	esday	Thur	sday	F	riday	Satu	ırday	Sun	iday
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Evening Evening		Eve	ning	Eve	ning	E٧	ening	Eve	ning	Eve	ning		





Personal Details									
First Names:	Тур	e your te	xt	Address:					
Surname:		Туре	your text	Type your text					
Maiden Name:		Туре	your text						
Previous Names:		Тур	e your text						
Marital Status:			be your text						
Gender:				Postcode:	Type your text				
Place of Birth:		Туре	e your text	Nationality:	Type your text				
Telephone Number:		Туре	e your text	NI Number:	Type your text				
Mobile Number:		Type your text		Email Address:		Type your	text		
Are you a Driver:	Yes No		No	Own Transport	Yes	No	N/A		
How long have you licence?	had a			Any Endorsements:	Yes	No	N/A		

Are you a United Kingdom (UK) National	Yes	No*
*If no, please detail your current immigration status and the relevant visa currently held (including	y Visa numbe	r)
Are you related to any of our current members of staff or Service Users?	Yes	No
Equality Act 2010 - Under the Equality Act 2010, the definition of disability is if you have a physic that has a "substantial" and "long-term adverse effect" on your ability to carry out normal day-to-c information regarding the definition of disability can be found at: www.gov.uk/definition-of-disabilit 2010.	lay activities.	Further
For the purposes of this application and interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?	Prefer n	ot to say





Education *(All qualifications will be subject to a satisfactory check).										
School / College / University	Date From:	Date To:	Examinations, Qualifications*							
Type your text	Type your text	Type your text	Type your text							

Training Courses attended or completing (evidence of attending courses is required)											
Subject	Subject Location Date Details										

Professional Memberships / Registrations										
Name of Organisation	Registration Number	Renewal Date	Details							
Type your text	Type your text	Type your text	Type your text							





Employment History

Please record below the details of your **full employment history** beginning with your current or most recent first. Any gaps must be explained. Use a separate attached sheet if required; please sign the sheet(s)

			Current / Most	recent emple	oyer		
Start Date:	Туре у	our text	End Date:	Type your tex	_t Salary:		Type your text
Job Role:		Туре уоц	ır text	Employer Name:		Type your text	
Reason for Leaving	g:	Туре	your text	Contact Nam	ie:	Ту	vpe your text
Duties:				Address:			
				Postcode:		Т	ype your text
				Telephone:			Type your text
				Email:			Type your text

	Employment History								
Start Date:	Туре у	our text	End Date:	Type your text Sala	ary:	Type your text			
Job Role:	Туре	your text		Employer Name:		your text			
Reason for Leaving	g:	Туре	your text	Contact Name:	Туре	Type your text			
				Address: Type your text					
Duties:				Postcode:	Туре у	Type your text			
		Telephone:	Туре у	our text					
				Email:	Туре	your text			



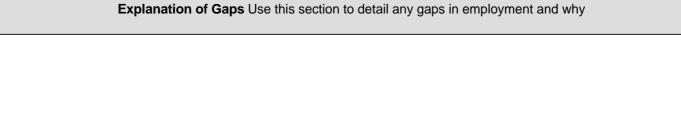


		Employn	nent History Con	tinued (Copy this pa	age if requi	ired)	
Start Date:	Туре уо	ur text	End Date:	Type your text	Salary:		Type your text
Job Role:	Туре ус	our text		Employer Name	:	Туре ус	our text
Reason for Leaving	g:	Туре у	our text	Contact Name:		Туре ус	our text
				Address:			
Duties:				Postcode:			
				Telephone:			
				Email:			
Start Date:			End Date:		Salary:		
Job Role:				Employer Name	Employer Name:		
Reason for Leaving	g:			Contact Name:	Contact Name:		
			Address:				
Duties:		Postcode:	Postcode:		Type your text		
			Telephone:	Telephone:		your text	
				Email:	Email:		your text





		Employn	nent History Conti	nued (Copy this pa	age if requi	red)		
Start Date:	Туре ус	our text	End Date:	Type your text	Salary:		Type your text	
Job Role:	Туре ус	our text		Employer Name	:	Type your text		
Reason for Leaving	g:			Contact Name:		Туре	your text	
				Address:				
Duties:				Postcode:		Тур	e your text	
				Telephone:		Type your text		
				Email:		Туре	your text	
Start Date:	Туре ус	our text	End Date:	Type your text	Salary:		Type your text	
Job Role:	Туре ус	our text		Employer Name:		Type your text		
Reason for Leaving	g:	Туре ус	our text	Contact Name:		Type your text		
				Address:				
Duties:			Postcode:		Type your text			
			Telephone:		Type your text			
				Email:		Type your text		





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References: Please provide names, addresses and telephone numbers for referees below whom we may approach for a reference. In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited). If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.

Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted. Therefore, please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

	Referee One	Referee Two
Contact Name:	Type your text	Type your text
Business Name:	Type your text	Type your text
Address:		
Postcode:	Type your text	Type your text
Telephone:	Type your text	Type your text
Email:	Type your text	Type your text
Capacity in which known	Type your text	Type your text
	Referee Three	Referee Four
Contact Name:	Type your text	Type your text
Business Name:	Type your text	Type your text
Address:		
Postcode:	Type your text	Type your text
Telephone:	Type your text	Type your text
Email:	Type your text	Type your text
Capacity in which known	Type your text	Type your text
	Additional Referee	Additional Referee
Contact Name:	Type your text	Type your text
Address:		
Postcode:	Type your text	Type your text
Telephone:	Type your text	Type your text
Email:	Type your text	Type your text
Professional / Character:	Type your text	Type your text
Capacity in which known	Type your text	Type your text

Please use additional paper if required.





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Safeguarding / Ex-Offenders Declaration: Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.

The Rehabilitation of Offenders Act 1974 aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. MT CARE HOUSE LTD undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.

Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?	Yes*	No
Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?	Yes*	No

Privacy Statement

We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to us holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.

We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.

You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager to discuss.

	Decla	aration	
misrepresentation in the appli	cation form will be grounds for	. I agree that any deliberate ominate rejecting this application or sub cation regarding professional reg	osequent dismissal if
Print Full Name:	Type your text		
Signature:	Type your text	Date:	Type your text





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Supporting Statement

Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.





Values Based Screening Questions

	e User, I would like:
I believe that the Service User's fami	ly and Relatives would like the following:
I believe that I can supp	oort a Service User because:
As a member of the tear	n, I would feel valued when:
I believe that a good relationship betwe	een me and the Service User depends upon:
I believe that I learn best when:	I believe that a good working team is made by:
I believe that I learn best when:	I believe that a good working team is made by:
I believe that I learn best when:	I believe that a good working team is made by:
I believe that I learn best when:	I believe that a good working team is made by:
I believe that I learn best when:	I believe that a good working team is made by:
I believe that I learn best when:	I believe that a good working team is made by:
	I believe that a good working team is made by:
I believe that my role in r	elation to the Service User is:
I believe that my role in r	I believe that a good working team is made by: elation to the Service User is:
I believe that my role in r	elation to the Service User is:
I believe that my role in r	elation to the Service User is:
I believe that my role in r	elation to the Service User is:

