# MACH CARE SOLUTIONS LTD For Total Care Solutions

OFFICE 8
BIZSPACE BUSINESS CENTRE
KINGS ROAD, BIRMINGHAM,
B11 2AL

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Registered Company 73338965

Mach Care Solutions For Total Care Solutions
FOR OFFICE USE ONLY
Deadline:
Date Sent:
Date Returned:
Ref (Match to rest of form):

### **JOB APPLICATION FORM**

Mach Care Solution is committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic or national origin, nationality, sexuality, gender identity, marital status, responsibility for dependants, religion, trade union activity and age. Please complete all the sections of the form in either black ink capital letters or type and send us all the documents we ask for.

Position applied for:	
Where did you hear about the vacancy?	

Personal details (Block capitals please)	
Title:	<u>Telephone</u>
Forename(s)	Daytime:
Preferred Name	Evening:
Surname	Mobile:
Address:	Email:
	Do you have full UK driving licence(YES/NO)
	Do you have right to work in the
Postcode	UK(YES/NO)

Passport NumberExpiry Date
National Insurance Number
Date of Birth
Nationality
For Nurses/Social Workers:
Registration NumberExpiry Date
Your Next of Kin Details
Name
Relationship to you
Address
Post Code
Arrangements for Interview
If you have a disability, are there any arrangements which we can make for you if you are called for an interview and/or work based exercise? Yes \(  \) No \(  \)
If yes, please specify, (e.g. ground floor venue, sign language interpreter, audio tapes etc)

# **Education/Qualifications (including overseas)**

Please give earliest first and continue on a separate sheet if necessary.

Date Attended (From – To)	Full-time/Part- Time	Secondary school college, university etc.	Examination taken or to be taken	Date	Results/ Grades

# Membership

Please indicate membership of any organisation(s) relevant to the job and continue on a separate sheet if necessary.

Name	Type of Membership	Date joined

# **Training**

Please list any course(s) that you have taken that are relevant to the job and/or job description and continue on a separate sheet if necessary.

Year	Organising body	Course title	Length

# **Employment history**

Please start with your **last** job and continue on a separate sheet if necessary.

Dates (From – To)	Employer	Job Title	Reasons for change

Present	or most recent employmer	nt (if aı	ny)					
Job Title:		-	Date appointed:					
Employer:			Date left (if applicable):					
Address:			Reason(s) for leaving (if ap	plicable):				
Postcode:			Salary:					
			,					
Please b most rec	Other information in support of your application  Please begin by giving a brief description of you main responsibilities in your present or most recent employment. The detail experiences and skills that demonstrate your ability to carry out the post. Continue on a separate sheet if possible.							
Deferences								

### References

Please provide the names of (two clinical professionals of senior Grade/Position) to yourself (INCLUDING) your present or most recent employer both of whom, may be contacted to provide a credible comment on your capabilities to undertake the post applied for, (friends or relatives are not acceptable).

### In addition:

**Nurses/Social Worker**: reference from nurses or other health professionals, must include a reference relating to the last period of employment as a nurse of not less than three months duration.

**Support Care Worker's**: reference must include a reference to the last period of employment of not less than three months duration which involved work with children or vulnerable adults.

I ————————————————————————————————————	Interview □
Title	
Name	
Address	Name
	Address
Postcode	Postoodo
Telephone	Postcode
Position/Job title (if appropriate)	Telephone
	Position/Job title (if appropriate)
Capacity in which they know you:	
	Capacity in which they know you:
Consent and Confirmation of details	
Consent to Mach Care Solutions recording a this application form. I understand that this in in pursuance of its business purposes and my complying with their obligations under the Data	formation may be used by the Mach Care consent is conditional upon the Company
this application form. I understand that this in in pursuance of its business purposes and my complying with their obligations under the Data It is my understanding that all the information	formation may be used by the Mach Care consent is conditional upon the Company
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# Equal Opportunities Monitoring Mach Care Solutions operates an equal opportunities policy aimed at giving everyone the same privileges and opportunities. All employees will be judged on their capabilities rather than gender, race, religious or political beliefs. At Mach Care Solutions we will take seriously any complaints or allegations of discrimination in any form against any of our staff or clients. We will investigate and notify authorities and take appropriate action where necessary. The questions are designed in helping us to monitor our workforce and implement any way possible to allow us to be a representative of the community as a whole by targeting any deprived or misrepresented groups. However, your personal details contained in the application form may be used in the prevention

and detection of fraud. Where this occurs you will be identifiable. Please take a few moments to fill

Mixed:	☐ White / As	ack Caribbean			
Asian / Asia	n British:	☐ Pakistani ☐ Indian ☐ Bangladeshi ☐ Other (please specify:)			
Black / Blac	k British:	□ Caribbean □ African □ Other (please specify:)			
Other:	<ul><li>□ Chinese</li><li>□ Other ethr</li></ul>	nic group (please specify:)			
	☐ Prefer not	to say			
Gender: □	Female □ Mal	le			
<b>Disability:</b> Do you have a disability □ Yes □ No					
Date of birth	(dd/mm/yyyy	v):/ Age at time of application:			

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Do you have any Armed Service/Public Duty commitments (e.g. are you a JP or Councillor, etc)? YES  $\square$  NO  $\square$ 

If YES, please give details

in the information required below.

Disability
IMPORTANT NOTE:
The information in this section will be disclosed to the Recruiting Manager if you are short listed for interview. Under the Disability Discrimination Act 1995, a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.
Do you consider yourself to have a disability? YES $\square$ NO $\square$
If YES, what is your condition?
Does the nature of your disability lead you to require any special equipment/ facilities etc. in your workplace? YES $\square$ NO $\square$
If YES, what is required?
Is there anything you would like to suggest to us which would facilitate your full participation if selected for interview- (for example, wheelchair access)?
Are you registered disabled? YES □ NO □
If yes what is your registration number:
Are you disabled but not registered? YES □ NO □

### **Consent and Confirmation of Details**

- It is my understanding that all the information given is to the best of my knowledge true and willfully
  giving any information that I know to be untrue could result in disciplinary action or termination of my
  contract.
  - I am permitted to work in the UK.
  - I understand that my registration is subject to the receipt of at least two satisfactory referees and enhanced disclosure from CRB and confirmation of statutory qualifications/registration if applicable.
  - I undertake to inform Mach Care Solutions should I be convicted of any offence in the future.
  - I undertake to inform Mach Care Solutions immediately if I am engaged through their introduction including the offer of permanent employment following a temporary assignment.
  - I agree to respect the confidentiality of patients and any other information I may have access to at all times.
  - I am clear that Mach Care Solutions cannot guarantee assignments and that they have noresponsibility whatsoever to pay for hours not worked no matter what the situation.
  - I have read and understood and agree to the "Conditions of work for flexible workers", of which I have been given a copy.
  - I understand that Mach Care Solutions will make deductions from my wages if any money is owing as a result of overpayment and/or any other money outstanding to the company.
  - I am in a good state of physical and mental health. I understand that it is my responsibility to inform Mach Care Solutions immediately if there is a change in my medical condition that may affect my ability to do my work.
  - For purposes of the Working Time Regulations 1998 (as amended) I consent in access of an average of 48 hours per week. I understand that I may withdraw this consent by giving Mach Care Solutions not less than 3 months notice. I understand that my registration with Mach Care Solutions can be terminated at any time following unsatisfactory reports.
  - I consent to my personal data being processed for recruitment and assignment purposes and compliance with the Domiciliary Care and Nursing Agency Regulations 2002.
  - I understand that the information will be entered on to our computer database under the terms and conditions of the Data Protection Act 1998 and will be treated in a secure and confidential manner.
  - I agree to be charged at least £15 or amended amount per visit I miss to cover considerable costs incurred by the Company in re-allocating the work. If I resign without giving the required notice period of 3 months, the company should deduct a sum of at least £100 from my salary to cover the costs incurred by Mach care to cover the costs incurred by the company in re-allocating work and other associated costs.
  - I agree that health care is an occupation which happens 365 days a year and care workers will be expected to accept their share of work, on a rota basis, of work at weekends and on Bank Holidays including Christmas at normal pay rates.
  - I accept that each care call is a self contained offer of work. Once the care call is over I am not obliged to undertake any further care calls nor is Mach Care Solutions obliged to offer me any. On completion of any care call, I shall no longer be an employee of Mach Care Solutions. I agree that I am deemed to be served notice to terminate the employment created by each care call at the start of an assignment and I fully agree to waive any right to a longer period.
  - I agree that my place of work will vary depending on the work offered and accepted. My place of work may be any location of any service user's home I agree to work. No allowance will be granted to me for any expenses or time incurred in travelling to and from the place of work allocated to me.
  - I agree that my continuous employment with Mach Care Solutions as a Home Support Worker starts on and ends with the completion of each care call.

Signature	Date
o.g. a.a.	240

# **Rehabilitation Of Offenders Act**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 2.4 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies, and should be entered at the end of any particulars you give in support of your application. A copy of our written policies is available on request. A criminal record will not necessarily be a bar to obtaining a position.

Have you at any time been convicted of an offence?(YES/NO)	
If "YES" please supply details:	

(Continue on a separate sheet if necessary)

Bank Details
Your Bank Details (To be used to deposit)
Account Name
Account Number
Sort Code umber
Branch Address:
Post Code:
Ref No (Building Societies)
<b>-</b>

### **Asylum and Immigration**

The law requires Mach Care Solutions to ask you to prove your right to work in the UK. To do this we need to inspect original documents that show your right and we must also keep a copy of these.

We must inspect the documents listed below and you may also have to give further documents to explain any changes in name (i.e.marriage, divorce or deed poll documents).

If you have a document from list A then we do not have to ask you to show it to us again after you start a job with Mach Care Solutions. If you have documents from list B then, you will have to show us up to date documents throughout your employment with Mach Care Solutions.

### List A documents

- 1. A passport showing that you, or your child, is a British or UK citizen and has the right to live in the UK; or
- 2. A passport or national identity card showing that you, or your child, is a national of a European Economic Area country or Switzerland; **or**
- 3. A residence permit, registration certificate or document certifying or indicating permanent residence issued by the Home Office or the Border and Immigration Agency to a national of a European Economic Area country or Switzerland: **or**
- **4.** A permanent residence card issued by the Home Office or the Border and Immigration Agency to the family member of a national of a European Economic Area country or Switzerland; **or**
- 5. A Biometric Immigration Document issued to you by the Border and Immigration Agency which indicates that you are allowed to stay indefinitely in the UK, or that you have no time limit on your stay in the UK;
- 6. A passport or other travel document endorsed to show that you are exempt from immigration control, allowed to stay indefinitely in the UK, have the right to live in the UK, or has no time limit on their stay in the UK: or
- 7. An Immigration Status Document issued to you by the Home Office or the Border and Immigration Agency with an endorsement indicating that you are allowed to stay indefinitely in the UK, or have no time limit on your stay in the UK, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45, P60, National Insurance Card); **or**
- 8. A full birth certificate issued in the UK which includes the name(s) of at least one of your parents, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45, P60, National Insurance Card); or
- 9. A full adoption certificate issued in the UK which includes the name(s) of at least one of your adoptive parents, when produced in combination with an official document giving your permanent National Insurance Number you're your name issued by a Government
- agency or a previous employer (e.g. P45, P60, National Insurance Card); or
- 10. A birth certificate issued in the Channel Islands, the Isle of Man, or Ireland, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45,P60, National Insurance Card); **or**
- 11. An adoption certificate issued in the Channel Islands, the Isle of Man, or Ireland, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous
- employer (e.g. P45, P60, National Insurance Card); or
- 12. A certificate of registration or naturalisation as a British citizen, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45,
- P60, National Insurance Card); or
- 13. A letter issued by the Home Office or the Border and Immigration Agency to you which indicates that you are allowed to stay indefinitely in the UK, or have no time limit on your stay, when produced in combination

with an official document giving the person's permanent National Insurance Number and your name issued by a Government agency or a previous employer (e.g. P45, P60, National Insurance Card).

#### List B documents

- 1. A passport or other travel document endorsed to show that you are allowed to stay in the UK and are allowed to do the work in question, provided that it does not require the issue of a work permit; **or**
- 2. A Biometric Immigration Document, issued by the Border and Immigration Agency to you which indicates that you can stay in the UK and are allowed to do the work in question; **or**
- 3. A work permit or other approval to take employment issued by the Home Office or the Border and Immigration Agency, when produced in combination with either a passport or another travel document endorsed to show that you are allowed to stay in the UK and are allowed to do the work in question, or a letter issued by the Home Office or the Border and Immigration Agency to you, or the employer or prospective employer confirming the same; **or**
- **4.** A certificate of application issued by the Home Office or the Border and Immigration Agency to or for a family member of a national of a European Economic Area country or Switzerland, stating that you are permitted to take employment, which is less than 6 months old, when produced in combination with evidence of verification by the Border and Immigration Agency Employer Checking Service; **or**
- 5. A residence card or document issued by the Home Office or the Border and Immigration Agency to a family member of a national of a European Economic Area country or Switzerland; **or**
- 6. An Application Registration Card (ARC) issued by the Home Office or the Border and Immigration Agency stating that you are permitted to take employment, when produced in combination with evidence of verification by the Border and Immigration Agency Employer Checking Service; **or**
- 7. An Immigration Status Document issued by the Home Office or the Border and Immigration Agency to you with an endorsement indicating that you can stay in the UK, and are allowed to do the work in question, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or previous employer (e.g. P45, P60, National Insurance Card): **or**
- 8. A letter issued by the Home Office or the Border and Immigration Agency to you or the employer or prospective employer, which indicates that you can stay in the UK and are allowed to do the work in question, when produced in combination with an official document giving your permanent National Insurance Number and your name issued by a Government agency or previous employer (e.g. P45, P60, National Insurance Card).

### **Criminal Records Policy Statement**

- 1. As an organisation using the Criminal Records Bureau (CRB) Disclosure service to assess applicants' suitability for positions of trust, Mach Care Solutions complies fully with the CRB Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.
- 2. Mach Care Solutions Ltd is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.
- 3. We have a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.
- 4. We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications and experience.
- 5. A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and recruitment briefs
- will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.
- 6. Where a Disclosure is to form part of the recruitment process, we encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential cover, to a designated person within Mach Care Solution and we guarantee that this information will only be seen by those who need to see it as part of the recruitment process.
- 7. Unless the nature of the position allows Mach Care Solutions to ask questions about your entire criminal record, we only ask about 'unspent' convictions as defined in the Rehabilitation of Offenders Act 1974.
- 8. We ensure that all those in Mach Care Solutions o are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of exoffenders, e.g. the Rehabilitation of Offenders Act 1974.
- 9. At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might
- be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.
- 10. We make every subject of a CRB Disclosure aware of the existence of the CRB Code of Practice and make a copy available on request.
- 11. We undertake to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.