



MCare
Northern Ireland

APPLICATION FORM

Graham House, Knockbracken Healthcare Park

Saintfield Road ,Belfast,BT8 8BH

Tel. 028 90 703 703

Position Applied for _____

ALL QUESTIONS MUST BE FULLY ANSWERED

Title: (Mr, Mrs, Miss, Ms): _____

First Name(s): _____

Surname: _____

Maiden Name: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

_____ Postcode _____

How long have you lived at this address? _____

If less than five years, please give previous address:

_____ Postcode _____

Have you ever lived outside the United Kingdom?

| | |
|------|-----|
| YES: | NO: |
|------|-----|

National Insurance Number:

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|



MCare
Northern Ireland

Tel No: _____

Mobile Tel No: _____

Email: _____

Are you registered with any regulatory body: _____

(ie: NISCC OR NMC OR OTHER)

Registration Number _____

Do you hold a current driving licence?

| | |
|-----|----|
| YES | NO |
|-----|----|

Are you a car owner?

| | |
|-----|----|
| YES | NO |
|-----|----|

Are you prepared to work:

| | |
|-----------|-----------|
| FULL TIME | PART TIME |
|-----------|-----------|

What date are you available to start work?

| |
|--|
| |
|--|

Please name two suitable* referees, at least one of whom should have knowledge of your present or most recent work as YourLine Manager/Employer. (Relatives should not be named as referees).

Title (Mr, Mrs, Miss, Ms, Dr) _____

Title (Mr, Mrs, Miss, Ms, Dr) _____

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address _____

Postcode: _____

Postcode: _____

Phone No. _____

Phone No. _____

Email: _____

Email: _____

Can we contact this referee prior to interview? _____

Can we contact this referee prior to interview? _____

EDUCATIONAL HISTORY:

| DATE | SUBJECT/ EXAM/QUALIFICATION | GRADE |
|------|-----------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Year Education completed; _____

Year Employment commenced: _____

Please record ALL employers from you completed education until current position BEGIN WITH MOST RECENT.

IF FULL DETAILS ARE NOT PROVIDED YOUR APPLICATION WILL NOT BE CONSIDERED

**PREVIOUS EMPLOYMENT DETAILS
(Beginning with present / last Employer)**

| | | | |
|--|---------------------------|-----------------------------------|---------------------------|
| Most recent Employer Name &Address Telephone: E mail: | <u>Date of Employment</u> | <u>Position Held & Salary</u> | <u>Reason for Leaving</u> |
| Employers Name &Address Telephone: E mail: | <u>Date of Employment</u> | <u>Position Held</u> | <u>Reason for Leaving</u> |



| Employers Name and Address | <u>Date of Employment</u> | <u>Position Held</u> | <u>Reason For Leaving</u> |
|-----------------------------------|----------------------------------|-----------------------------|----------------------------------|
| Telephone: | | | |
| Email: | | | |

Please continue with previous employers on separate sheet if required

Please provide a written explanation where there are employment gaps for our records

I have not worked from : _____ to : _____

I have not worked from : _____ to : _____

Please continue with employment gaps on separate sheet if required

**INFORMATION KNOWINGLY OR WILFULLY WITHELD TO OBTAIN EMPLOYMENT
WILL RESULT IN SUMMARY DISMISSAL**

M CARE (NI) MEDICAL HISTORY

Are you a registered disabled person?

| | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

Are you willing to undergo a medical examination?

| | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE PROVIDE DETAILS OF ALL ABSENCES FROM WORK DUE TO ILLNESS OR INJURY DURING THE LAST THREE YEARS (CONTINUE ON A SEPARATE SHEET IF NECESSARY).

| NUMBER OF DAYS | REASON FOR ABSENCE |
|----------------|--------------------|
| | |
| | |

M CARE (NI)
Disclosure of Criminal Background

Because of the nature of the work for which you have applied, this post is exempt from Article 5 of the Rehabilitation of Offenders Order Northern Ireland 1978, and the Rehabilitation of Offenders (Exceptions) Northern Ireland Order 1979 and requires that all convictions and cautions must be declared, and that no conviction can be deemed to be spent.

It is therefore necessary to ask the following questions

- Have you ever been convicted of any Criminal offence?

| | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

- Are you currently the subject of police Investigation or do you have any prosecutions pending

| | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

List below details of all charges, prosecutions, convictions, cautions - even if they happened a long time ago. You must include any minor matters, any road traffic or motoring offences and any which may be pending

Please note that a disclosure of a conviction does not necessarily debar any applicant from obtaining employment

The following policies are available on request

- Policy on Access NI Security
- Policy Statement on Recruitment of ex-offenders

I understand that if an offer of employment is made, it is subject to an Access NI check. Access NI enables organisations in Northern Ireland to make a more informed recruitment decisions by providing criminal history information about anyone seeking paid/unpaid work in certain detained areas such as working with children or vulnerable adults.

For further details on Access NI and their code of practise this can be accessed on www.nidirect.gov.uk/accessni

Do you agree to an Access NI check YES / NO

Please note that you will be expected to meet the cost of an Enhanced Disclosure Certificate.

I declare that any answers are complete and correct to the best of my knowledge.

Signed: _____ Dated: _____

Name : _____
(please print name)



Is there any reason why you cannot work in regulated activity?

| YES | NO |
|-----|----|
| | |

If yes, please provide full details below