MOWILL
HEALTHCARE

Job Application Form

Please complete and return to:

Email: info@mowillhealthcare.co.uk

Address: 25 SOMERTON AVENUE SO18 5BZ Southampton

Phone: +44 23 8001 6627

Personal Details

PLEASE COMPLETE IN BLOCK CAPITALS

Surname:

First Name:

Known as:

Email Address:

Address:

Contact Number:

Alternative Number:

Postcode:

National Insurance Number:

Nursing / Health Professions Council registration details:

Body (NMC/HPC):

Pin/Registration No:

Expiry Date:

Membership of Professional Body:

Body:

Reg No:

Additional Information:

Do you require a work permit? Yes ☐ No ☐

Do you hold a current driving license? Yes ☐ No ☐

Additional Comments:

Your Application

PLEASE COMPLETE IN BLOCK CAPITALS

Application for the post of:

At which facility:

How did you become aware of the vacancy?

Are you seeking: Full Time ☐ Part Time ☐

Are you fully flexible in your working days/hours/pattern: Yes ☐ No ☐

If "No", please provide details:

What is your notice period?

What date are you available to start work from:

Please confirm your interview availability:

Do you know anyone who currently works for Mowill healthcare Yes ☐ No ☐

Healthcare? If "Yes", who?

Have you applied to work for Mowill Healthcare before? Yes ☐ No ☐

If "Yes"; please provide details:

Have you ever worked for Mowill healthcare before? Yes ☐ No ☐ If "Yes"; please provide details:

Education & Qualifications

PLEASE COMPLETE IN BLOCK CAPITALS

Please list your schools, colleges & universities:

Dates	Name of School / College / University	Qualifications/Grade Obtained

If you have attended training courses relevant to the post you are applying for, please provide details:

Dates	Name of Training Provider	Name of Course Attended

Do you have knowledge of foreign languages? Yes ☐ No ☐

If "Yes"; please provide details of the language and level of proficiency:

Employment

PLEASE COMPLETE IN BLOCK CAPITALS

CURRENT / MOST RECENT EMPLOYER

Company Name:

Address:

Website:

Position Held:

Line Manager's Name:

Postcode:

Start Date:

Leaving Date:

Salary:

Reason for Leaving:

Please give a brief description of your duties and responsibilities:

PREVIOUS EMPLOYER

Company Name:

Address:

Website:

Position Held:

Line Manager's Name:

Postcode:

Start Date:

Leaving Date:

Salary:

Reason for Leaving:

Please give a brief description of your duties and responsibilities:

PREVIOUS EMPLOYER

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Address:

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Website:

Position Held:

Line Manager's Name:

Postcode:

Start Date:

Leaving Date:

Salary:

Reason for Leaving:

Please give a brief description of your duties and responsibilities:

ADDITIONAL INFORMATION

Where there are gaps in your employment history, please provide full details here including dates:

Mowill Healthcare Values

Our employees are encouraged to embrace our values in everything they do.

Our Expectation

1. Communication and listening skills
2. Empathy and compassion
3. Motivation and patience
4. Observation and attention to detail
5. Time management and organization
6. Warmth, kindness, and a loving spirit
7. Team Player

In no more than 500 words, describe how you would demonstrate our values in the workplace for the position in which you are applying for:

References

Please provide your referee details covering at least the last 5 years. This must include your current/most recent employer. Where there are breaks in your employment please provide details of a personal referee*.

Do you consent to references being obtained prior to interview? Yes ☐ No ☐

PROFESSIONAL REFEREES PLEASE COMPLETE IN BLOCK CAPITALS

REFEREE 1	REFEREE 2
Name:	**Name:**
Job Title:	**Job Title:**
Company Name:	**Company Name:**
Address:	**Address:**
Postcode:	**Postcode:**
Email Address:	**Email Address:**
Contact Number:	**Contact Number:**
Employment dates from: **to:**	**Employment dates from:** **to:**
Relationship to you:	**Relationship to you:**

***PERSONAL REFEREES** (Where applicable) PLEASE COMPLETE IN BLOCK CAPITALS

REFEREE 1	REFEREE 2
Name:	**Name:**
Address:	**Address:**
Postcode:	**Postcode:**
Email Address:	**Email Address:**
Contact Number:	**Contact Number:**
Relationship to you:	**Relationship to you:**
How long have you known this referee?	**How long have you known this referee?**

Disclosure

Have you ever been (or are you currently) the subject of any police investigation or conviction in this or any other country?

Yes ☐ No ☐

Have you ever been (or are you currently) the subject of fitness to practice proceedings by any licencing or regulatory body?

Yes ☐ No ☐

Additional Information:

Rehabilitation of Offenders Act 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Orders 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 by the management of Daily Comfort Healthcare Ltd. Any information given will be completely confidential.

Additional Information

Where needed, please use this section to provide additional information:

Declaration

I understand that appointment, if offered, will be subject to the information given on this form being correct and that failure to disclose accurate information will disqualify me from consideration as will my failure to disclose pertinent facts relating to my previous employment. I also understand that my appointment is subject to a satisfactory pre-employment medical assessment, DBS/Disclosure Scotland check and satisfactory references.

Daily Comfort Healthcare Ltd is an equal opportunities employer and as an employee, you will be required to pursue your duties in

accordance with its Equal Opportunities Policy. You are required to acknowledge by signing below your agreement and understanding of these statements.

Applicants Signature: **Date:**

CONFIDENTIAL

Equality Opportunity Recruitment Monitoring Form

Mowill Healthcare Ltd is committed to promoting equality, diversity and an inclusive and supportive environment for all prospective employees.

In particular, Mowill Healthcare Ltd will seek to ensure that people are treated equitably regardless of their gender, race, colour or national origins, age, disability, socio-economic background, religious or political beliefs and affiliations, marital status, family responsibilities, sexual orientation or other inappropriate distinction.

In order to monitor the impact of this policy it is necessary to collect information from all employees and job applications on the key characteristics, which relate to equality and diversity in employment.

The information collected will be used for monitoring purposes and to update our confidential recruitment and employee database under the terms of the Data Protection Act 1998. The information will be used to form baseline statistical reports to assess the impact of our policy and promote equality of opportunity.

Section 1: Personal Details

PLEASE COMPLETE IN BLOCK CAPITALS

Surname: _____ **First Name:** _____

Date of birth: _____ **Post applied for:** _____

Do you consider yourself to have a disability? Yes ☐ No ☐

If "Yes"; please specify your disability: _____

NB The Act defines a disability as "A physical or mental impairment which has a substantial long term and adverse effect on a persons' ability to carry out normal day-to-day activities".

Section 2: Nationality

PLEASE COMPLETE IN BLOCK CAPITALS

Please specify your nationality: _____

Section 3: Ethnicity

You are asked to classify yourself in the category which you feel most closely describes your origin. If none of the specific groups are suitable, please mark the relevant 'other' and specify your ethnicity.

A.	**White**	Please Select	*(Other - please specify)*	
B.	**Mixed**	Please Select	*(Other - please specify)*	
C.	**Asian or Asian British**	Please Select	*(Other - please specify)*	
D.	**Black or Black British**	Please Select	*(Other - please specify)*	
E.	**Chinese or other ethnic group**	Please Select	*(Other - please specify)*	
F.	**Other ethnicity than those listed in A-F**		*(Please specify)*	
G.	**I would prefer not to answer**	☐		

Section 4: Religion

Please select your religion: Please Select **I would prefer not to answer** ☐

Section 5: Gender

Please specify your sex: Please Select **I would prefer not to answer** ☐

Section 6: Sexual Orientation

Please select the option which best describes your sexuality: Please Select **I would prefer not to answer** ☐