



Marego Limited

Domiciliary Care Agency

Care Workers Application Pack

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CONFIDENTIAL APPLICATION FORM

PERSONAL DETAILS

Surname (Mr/Mrs/Miss/Ms) _____

Forename(s) _____

Have you been known by any other name- if so please specify _____

Address _____

_____ Post Code _____

Telephone (home) _____ Mobile _____

Nationality _____

Languages Spoken: _____

(This information is required by the Employment Agencies Act)

National Insurance No

Do you hold a full driving license? Yes No

Are you a car owner? Yes No

Next of Kin

Name _____

Address _____

_____ Post Code: _____

Relationship _____ Telephone: _____

Mobile: _____ E-mail: _____

AVAILABILITY

Position applied for _____

Availability to work: Weekdays Weekends Other _____

Times Available: Mornings Afternoons Evenings Nights

EDUCATION/PROFESSIONAL DETAILS

(Where applicable please include details of examinations which have been or are about to be taken but the results of which are not yet available)

Start with the most recent/current course and continue down until Secondary school

Name of establishment	Qualification	Grade	Date

KNOWLEDGE, SKILLS AND EXPERIENCE

Please tell us why you would succeed in this position, setting out relevant knowledge, skills and experience you have gained from current / previous employment or voluntary / community work.

You should also provide any other information that may be of interest and relevant to the position.

Please also describe your as

(If necessary, you should continue on a separate sheet). Include your C.V if possible.

EMPLOYMENT HISTORY

Please fill in your employment history starting from your most recent. Please complete this information in full as it is vital for you application to our agency.

Employer 1 (most recent/current employer)

Company name:	
Company Address:	
Postcode:	
Company Tel:	Company Fax:
Position Held:	Grade:
From (mm/yyyy): /	To (mm/yyyy): /
Reason for leaving:	

Gap in Employment: From (mm/yyyy) /	To (mm/yyyy): /
Reason for Gap:	

Employer 2

Company name:	
Company Address:	
Postcode:	
Company Tel:	Company Fax:
Position Held:	Grade:
From (mm/yyyy): /	To (mm/yyyy): /
Reason for leaving:	

Gap in Employment: From (mm/yyyy) /	To (mm/yyyy): /
Reason for Gap:	

REFERENCES

Please supply the **business contact details** for two professional referees. Your first professional referee **must be your present employer**. The other must be of a senior position within the company authorised to give a reference. **We will only accept contact details for the company manager, director or human resources manager**. If possible could you include the contact details of a character reference e.g. your religious leader, doctor, lawyer.

Professional Referee 1:

Title (Mr/Mrs/Miss/Ms/___)	Full Name:
Position Held:	
Company name:	
Company Address:	
Postcode:	
Company Tel:	Company Fax:

Professional Referee 2:

Title (Mr/Mrs/Miss/Ms/___)	Full Name:
Position Held:	
Company name:	
Company Address:	
Postcode:	
Company Tel:	Company Fax:

Character Reference:

Title (Mr/Mrs/Miss/Ms/___)	Full Name:
Position Held:	
Company name:	
Company Address:	
Postcode:	
Company Tel:	Company Fax:
Number of years known:	

REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986, the provisions of the section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services

Your answer to the following question should include any 'spent' convictions.

Have you ever been convicted of a criminal offence? Yes No

DOH circular (88/9) Protection of Children requires us to carry out checks on police records for members whose assignments will give them substantial access to children.

Do you agree that such checks may be made concerning you if required? Yes No

Are you unable to work in any nursing agency, ward or hospital trust or do you currently have any complaints that are under investigation from any nursing agency, ward or hospital trust?

Yes No

If you have answered yes to the above please provide details below

Signed: _____

Date: ____/____/____

EQUAL OPPORTUNITIES POLICY

Marego Limited believes in the principle of equal opportunity in the employment and pre-select applicants purely on the basis of their qualifications and experience.

For the sole purpose of monitoring our policy, please complete the following:

Gender Male Female

Race Origin *please circle your origin*

Asian

Bangladeshi

India

British

Pakistani

Other

Black

African

Caribbean

British

Other

White

British

European

Other

Disability:

Do you consider yourself to have a disability? Yes No

If yes state the nature

Are you a registered disabled? Yes No

If yes, please state Reg.No.

Thank you

48 HOUR WAIVER

The working time regulations act 1998 (“the regulations”) require the company to limit your average weekly working time to 48 hours unless you agree with the company that the limit shall not apply to you.

The company wishes to have an agreement with you. It proposes an agreement (which shall apply until terminated by notice) on the basis that:

1. The 48 hour limit on average weekly working time will not apply to you;
2. You may terminate the agreement (so that the 48 hour time limit would apply to you) by giving the person at the company to whom you usually report 3 months written notice.

Under the regulations, the company must keep records relating to your working time. This is the case whether or not you reach an agreement with the company about waiving working time limits.

If you accept the company’s proposal, please sign below. This document will then be a record of agreement between you and the company.

Signed _____ Date _____

Print name _____

BANKING DETAILS

Bank / building society: _____ Account no: _____

Sort Code: _____ Building society reference no _____

Name of account holder _____

CODE OF CONDUCT AND CONFIDENTIALITY AGREEMENT

I have read and understood the professional code of conduct and I agree that, during the time I am engaged by Marego Limited when working in any capacity of care or social work, I will

- a) Not disclose to any person, any information obtained whilst attending an assignment, which is confidential.
- b) Hold in trust and confidence for Marego Limited all such information and never use it other than for the benefit of Marego Limited.
- c) Adhere to the code of conduct at all times

Signed: _____ Date: _____

DECLARATION

I understand that any offer of employment is subject to health clearance, Enhanced CRB and confirmation of statutory qualifications/registration if applicable.

I certify that the information given on this form is correct and understand that any misleading information given will give grounds for withdrawal of this application.

I understand that this information will be entered on to Marego Limited's computer database under the terms and conditions of the Data Protection Act 1998 and will be treated in a secure and confidential manner.

Signed: _____ Date _____

HEALTH DECLARATION

Confidential: The information on this form will remain confidential to Marego Limited and will not be divulged to any other person(s).

General Practitioner: _____

Address: _____

Postcode _____

Telephone No: _____

OCCUPATIONAL HEALTH ASSESSMENT

Health Questions	Yes	No	Details
Are you in good health?			
Have you been treated in hospital for a serious illness or surgery?			
Have you been treated in hospital in the last 12 months?			
How much time have you lost from work due to illness in the last 2 years?			
Are you a registered disabled person?			
Have you had an X-ray recently?			
Have you ever suffered from the following?	Yes	No	Details
Heart/Circulatory illness/Hypertension			
High or Low Blood Pressure			
Diabetes			
Asthma/Hay Fever			
Bronchitis/Pneumonia/Pleurisy			
Tuberculosis			
Epilepsy/Fainting Attacks/Blackouts/Fits			
Headaches/Migraines			
Psychiatric illness/Anxiety/Depression			
Dermatitis/Skin Sensitivity/Psoriasis/Eczema			
Allergies			
Back Injury/Back Problems/Back Pains			
Recurrent Infections e.g. sore throats			
Hepatitis/Jaundice			
Have you ever been tested or inoculated for any of the following?	Yes	No	Details
Varicella (Chicken Pox)			
Tuberculosis including BCG			
Heaf, Mantoux or Tine			
Rubella (German Measles)			
Poliomyelitis			
Hepatitis B (antibodies Date & Result)			
Hepatitis C			
HIV			

Tetanus			
Typhoid			
Any other			

Please enter your Height: Weight:

Do you smoke? Yes No

I declare the statements are true and complete to the best of my knowledge and belief. I understand that my General Practitioner may be consulted with my prior consent.

Signed: _____ Date: _____