

NAME:	
POST APPLIED FOR:	
POST REFERENCE NO:	



**mhs**  
homes

# application form

# APPLICATION FORM

## PERSONAL DETAILS (BLOCK CAPITALS)

SURNAME	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
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FORENAME(S)	
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ADDRESS		
		POSTCODE

TELEPHONE NO.	Home	Business
	Mobile	Email

May we ring you at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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NATIONAL INSURANCE NO.	
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## GENERAL INFORMATION

Do you hold a current car driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you access to a car for work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please give details of any current endorsements.	

Have you been convicted of a criminal offence which has not been spent under the 1974 rehabilitation of offenders act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you subject to any pending criminal prosecution or proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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To the best of your knowledge are you related to any staff / board member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<i>IF YES, please give details:</i>
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Do you have any disability which would require any special arrangements for interview?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<i>IF YES, please give details:</i>
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## WORK PERMIT

Do you require a work permit for employment in the UNITED KINGDOM? <i>(If you answered yes, do not send documentary evidence now. You will be advised when to do so).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## SECONDARY EDUCATION

SCHOOLS & COLLEGES	EXAMINATIONS & SUBJECTS	RESULTS

## HIGHER EDUCATION AND VOCATIONAL TRAINING

ESTABLISHMENT	DATE / DURATION	QUALIFICATIONS & COURSES	RESULTS

## MEMBERSHIP AND GRADE OF PROFESSIONAL BODIES

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## PRESENT EMPLOYMENT (or if unemployed, details of last employment)

NAME & ADDRESS OF EMPLOYER	DATE		POSITION HELD, SUMMARY OF DUTIES & REASON FOR LEAVING
	FROM	TO	
Present salary? (or most recent if unemployed)	£	per annum	Notice required? Yes <input type="checkbox"/> No <input type="checkbox"/>

## EMPLOYMENT HISTORY

Please give details of your previous employment (most recent first)  
(Continue on separate sheet if necessary)

NAME & ADDRESS OF EMPLOYER	DATE		POSITION HELD, SUMMARY OF DUTIES & REASON FOR LEAVING
	FROM	TO	

## SPARE TIME ACTIVITIES, VOLUNTARY WORK ETC.

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## OTHER INFORMATION

Please state below any other information that may be relevant to your application for this role  
(Continue on separate sheet if necessary)

## MEDICAL DETAILS

How many days have you been off sick in the last 2 years?

days

## REFERENCES

Please provide two referees who have known you for at least two years. One should be a current or recent employer. Applicants from full-time education should provide at least one academic referee.

NAME

ADDRESS

TELEPHONE NO.

OCCUPATION

NAME

ADDRESS

TELEPHONE NO.

OCCUPATION

It is our normal practice to take up references before interviews.  
May we therefore contact your referees if you are shortlisted?

Yes  No

## DECLARATION

I declare that the information provided on this application form is true and accurate.

I understand that deliberately giving false information would disqualify me from consideration or, in the event of my appointment, make me liable to dismissal without notice.

SIGNATURE

DATE

**Please return to: The HR Division, mhs homes, Broadside, Leviathan Way, Chatham, Kent ME4 4LL  
Telephone Number (01634) 354000.**

Regretfully, because of the high cost of administration we do not acknowledge receipt of applications.  
If your application has not been successful you will be advised in four to six weeks.

## DATA PROTECTION

**mhs homes** take Data Protection very seriously and the personal data on this form is being collected for recruitment purposes only. **mhs homes** will not pass information on to third parties without your informed consent and all information provided will be destroyed after six months.

# CONFIDENTIAL QUESTIONNAIRE



## EQUAL OPPORTUNITIES MONITORING

POST APPLIED FOR	
STATEMENT	<p><i>"mhs homes is committed to the promotion of equal opportunities in all its spheres of activity. Its goal is to ensure that no person or group of people will be treated less favourably than any other person or group of people because of their gender, marital status, age, race, ethnic or national origin, religion or disability."</i></p>
MONITORING	<p><i>To assist us with the operation of our Equal Opportunities Policy and ensure that there is genuine equality of opportunity we seek your help. Provision of this information is on a voluntary basis and will be held in confidence. The information you supply will be used solely for the purposes of Equal Opportunities Monitoring.</i></p>

Please place a tick in the appropriate box for all questions.

1. My gender is	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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2. Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. I would describe my ethnic origin as:							
British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	African	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>

Please state other:	
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4. I am							
18 - 25	<input type="checkbox"/>	26 - 34	<input type="checkbox"/>	35 - 49	<input type="checkbox"/>	50+	<input type="checkbox"/>

5. Where did you see this position advertised?

# application form



**Registered Office & Head Office**

Broadside, Leviathan Way  
Chatham, Kent ME4 4LL

**Telephone: Medway (01634) 354000**  
**Fax: Medway (01634) 301337**