



# Magic Life Employment Application Form

## Section 1 (Position)

**Position applied for:**

- Support Worker
- Night Support Worker
- Senior Support Worker
- Deputy Manager
- Project Manager
- General Application

**Are you looking for full time or bank:**

- Full Time
- Bank

**Have you done this type of work before:**

- Yes**
- No**

**When are you available to start:**

.....

Actual start date

## Section 2 (Personal Details)

Title: ..... Forename: ..... Surname: .....

Address: .....

..... Post Code: .....

Home Tel: ..... Mobile Tel: .....

Email Address: .....

National Insurance Number : .....

Do yo have a full drivers license? : **Yes** **No**

Do yo have your own transport? : **Yes** **No**

## Section 3 (Employment)

### Most Recent Employment:

Company Name: .....	
Type of Business: .....	
Job Title: .....	Salary: .....
Your Line Manager: .....	
Address: .....	
..... Post Code: .....	
Starting Date: .....	Leaving Date: .....
Reason for Leaving: .....	
Duties & Responsibilities .....	
.....	
.....	
.....	

Company Name: .....	
Type of Business: .....	
Job Title: .....	Salary: .....
Your Line Manager: .....	
Address: .....	
..... Post Code: .....	
Starting Date: .....	Leaving Date: .....
Reason for Leaving: .....	
Duties & Responsibilities .....	
.....	
.....	
.....	

## Section 3 (Employment)

### Continued:

Company Name: .....	
Type of Business: .....	
Job Title: .....	Salary: .....
Your Line Manager: .....	
Address: .....	
..... Post Code: .....	
Starting Date: .....	Leaving Date: .....
Reason for Leaving: .....	
Duties & Responsibilities .....	
.....	
.....	
.....	

Company Name: .....	
Type of Business: .....	
Job Title: .....	Salary: .....
Your Line Manager: .....	
Address: .....	
..... Post Code: .....	
Starting Date: .....	Leaving Date: .....
Reason for Leaving: .....	
Duties & Responsibilities .....	
.....	
.....	
.....	

# Section 4 (Education)

## School Education:

School / Education attended	From	To	Subjects	Results

## Professional Qualifications:

## Other Qualifications & Courses

## Section 5 (Employment with Magic Life)

### **Yours Reasons:**

What are you reasons for applying for this job and what skills and experiences can you bring to the role? ( *In particular why supporting vulnerable adults*)

### **Yours Hobbies & Interests:**

What are you hobbies and interests that you feel would help in supporting Vulnerable adults

### **Relationship:**

Please declare if you are related to, or have a close relationship with Magic Life employees, past or present. If yes please provide any names and the capacity in which they are known

### **Previous Positions:**

Have you ever been employed by Magic Life?      **YES**      **NO**  
If yes, please give details and reasons for leaving

## Section 6: (Disclosure & Barring Declarations)

### **Criminal offenses:**

Have you ever been convicted of a criminal offense, ever been bound over or cautioned, or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over, or caution in the UK or any other country?      **YES**      **NO**

(If yes, please provide details below).

### **Protection of Vulnerable Adults register?:**

Have you ever been placed on the Protection of Vulnerable Adults register?

**YES**      **NO**

(If yes, please provide details below).

You will be required as part of the application process to be checked by the Criminal Records Bureau. This post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act.

## Section 7: (Working Time Directive)

### **Working else where:**

If offered this position, do you intend to continue working in any capacity?

**YES**      **NO**

If yes, please give further details

## Section 8: (Work Permits & Eligibility to Work in UK)

**Eligibility to Work in the UK:** (Please tick all the boxes that apply to you):

I am eligible to work in the UK

I need permission to work in the UK

I am visiting the UK on a working holiday visa

I am required to register with the Home Office to work

I hold a visa      Visa type .....

I require a work permit

I have a work permit      My work permit expires on .....

## Section 9: (Registered Disabled)

**Disabled:**

Are you registered disabled?

**YES      NO**

a) What reasonable adjustments which you feel should be made to the recruitment process to assist you in your application

b) What reasonable adjustments which you feel should be made to the job or environment itself which would enable you to carry out the role

(If yes, please provide details below).

## Section 10: (References)

**Professional references:** (Friends or relatives are not acceptable references):

**Referee (1):** Present or most recent employer

Contact Person (Must be Manager) .....
Company Name: .....
Address: .....
..... Post Code: .....
Tel:..... Email: .....
Relationship: .....

**Referee (2):** Must be previous employer or tutor

Contact Person (Must be Manager) .....
Company Name: .....
Address: .....
..... Post Code: .....
Tel:..... Email: .....
Relationship: .....

**Referee (3):** Must be previous employer or tutor

Contact Person (Must be Manager) .....
Company Name: .....
Address: .....
..... Post Code: .....
Tel:..... Email: .....
Relationship: .....





## Section 12: (Equal Opportunity In Employment Monitoring)

### Questionnaire:

The Company is striving towards the achievement of equal opportunity in employment. The Company's policy aims to ensure that no job applicant receives less favourable treatment on the grounds of sexual orientation, disability, sex, marital status, creed, colour, and race or ethnic origin. It also strives to ensure that no person is advantaged by conditions or requirements that cannot be shown to be justifiable.

#### Equal Opportunities

The Equal Opportunities Commission for Racial Equality and the Disability Rights Commission strongly recommend that monitoring is effectively carried out. In order for us to fulfil the Equal Opportunities policies we would like you to fill in this form. The information on this form will not be sent with your job application and will be used for statistical monitoring only. If you do not wish to answer, just skip these questions.

### I would describe my ethnic and gender as:

Women

Man

Non-binary

Prefer not to say

Asian Bangladeshi

Black African

Mixed White and Asian

White British

Asian Indian

Black Caribbean

Mixed White and Black African

White Other

Asian Pakistani

Black Other

Mixed White and Black Caribbean

Chinese

Other .....



## Section 14: (COVID-19 Vaccination)

### **Everyone working in care homes to be fully vaccinated under new law to protect residents**

People working in CQC-registered care homes will need to be fully COVID-19 vaccinated with both doses as of 11th November 2021 in order to work. In order to consider your application please state your COVID-19 vaccine status.

I am not vaccinated against COVID-19

I have had first jab Date: .....

I have had both jabs Date: .....

I have booked my first jab Date: .....

I don't want to be vaccinated

I am medically exempt

Care homes should notify prospective staff of the requirement at the start of the application process and undertake appropriate checks, during the recruitment process, to ensure the individual is eligible to work in the care home. It will only be possible for a newly appointed member of staff to start working in the care home once they have provided evidence of their **vaccination status or a medical exemption**

## Section 15: (Recruitment Monitoring)

### Where did you hear about the vacancy:

Local Press

National Magazine

Leaflet

Internet / Magic Life Website

Social Media

Trade Magazine

Recruitment Agency

Indeed

Job Centre

Word of Mouth

Other .....

### Magic Life Friend Referral:

If you referred to us by a Friend that works for Magic Life please provide their details below and how they are known to you

## Section 16: (Data Protection)

The information given on this form will be entered onto a computer and under the terms and conditions of the GDPR May 25th 2018 will be treated in a secure and confidential manner.

## Section 17: (Declaration)

I certify that the information I have given on this form is true and correct to the best of my knowledge and I understand that the giving of false information or misleading statements or withholding material information may result in disciplinary action including dismissal.

Signed: ..... Date: .....