

Miracle Workers Agency
 Sterling House, Lewis's Lane, Abergavenny, NP7 5BA
Application Form
 From : MySixtyPlusLife.com

PART A: PERSONAL DETAILS	
Title: Mr/Mrs/Miss/Ms/Other	
Surname:	
Previous Name(s):	
Forenames:	
Home Address: (please include postcode)	
Date of Birth: (This is required for insurance purposes)	
Availability: (Please include dates)	
Email Address:	
National Insurance No.	
Nationality:	
Religion:	
Passport Number: Date of Expiry:	
Driving Licence Number and type:	
Mobile Number:	
Home Number: Skype Name:	
Do you have a UK bank account?	

Next of Kin (and relationship to you):	
Contact Number:	

PRESENT (OR MOST RECENT) EMPLOYER	
Name & address:	
Job Title:	
Salary:	
Start Date:	
Notice required (or date left):	
Main tasks & responsibilities:	
Reason for leaving:	

It is important that this section is filled in **completely** including dates (starting with most recent) since leaving school, so that no period of time is unaccounted for. Please use separate page if necessary.

CAREER HISTORY			
NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT (months & years)	JOB TITLE AND KEY RESPONSIBILITIES	REASON FOR LEAVING

QUALIFICATIONS (Academic, professional, vocational)	
Name of qualification and date attained	Name of educational establishment and/or professional/awarding body

RECENT TRAINING (within past 5 years)	
Training Course/Development Activity	Outcome – e.g. certificated

Health Declaration

<p>Have you any medical condition that is relevant to your application or that could affect you in your work?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you smoke?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever suffered any serious illness or been admitted to hospital in the past 5 years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes please state details here :- </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you suffer from any allergies? If yes please state here </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you taking any medication? If yes please state here </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you have any special dietary requirements?</p>	
<p>Are you vegetarian, vegan or other?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever suffered from any of the following :-</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Epilepsy</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Diabetes</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>High Blood Pressure</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Low Blood Pressure</p>	
<p>Back, Neck or Joint Injuries</p>	
<p>Number of days sickness in the past 3 years</p>	
<p>PLEASE NOTE: It is important to understand that the insurance company who provides insurance for us must be aware of any problems of ill health, otherwise they could refuse to pay a claim. Please keep us updated regularly.</p>	

REFERENCES: Failure to supply TWO professional referees will result in your application not being processed.

NAME OF CURRENT/MOST RECENT EMPLOYER:

Your Job Title:

Employer's Address:

Email address :

Daytime telephone number:

Mobile:

Relationship to you:

NAME OF SECOND REFEREE:

Your Job Title:

Address:

Email address:

Daytime telephone number:	
Mobile:	
Relationship to you:	

SUPPLEMENTARY INFORMATION
Personal Transport

Please provide details of any current motoring convictions, disqualifications or penalty points, including dates.

Disclosure of Criminal Offences – Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as “spent”. The post involves contact with vulnerable adults therefore we will apply for an Enhanced Disclosure Certificate from the Criminal Records Bureau. In that event you will be required to provide details of “spent” convictions.

How did you hear about Miracle Workers Agency? Please state name.

Data Protection Act 1998

Miracle Workers Agency Limited will hold some information about applicants and employees. In line with the Data Protection Act 1998 this data is primarily for salaries, pension administration, monitoring and statutory reporting purposes.

DECLARATION

- I declare that the information on this form is accurate. I understand that any inaccurate information may lead to my application being disallowed, or to my dismissal, should I have taken up an appointment.
- I am willing for this data to be held and processed by Miracle Workers Agency Limited and to it being verified with third parties named in this application.
- I confirm that I am entitled to live and work in the United Kingdom.

Signed: **Date:**

(If you submit an application electronically, you will be asked to sign the form before any interview).

Please supply a recent passport style photograph with your application form