



# TCM CARE SERVICES

We Thrive to Provide Care

CITIGATE HOUSE 246-250 ROMFORD ROAD STRATFORD, LONDON E7 9HZ  
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[WWW.TCMCARESERVICES.COM](http://WWW.TCMCARESERVICES.COM)

## APPLICATION FORM

Please complete this form accurately giving as many details as possible of your skills and experience relating to this job application. Please complete the form in black ink and BLOCK CAPITALS.

### **Personal Details:**

Mr / Mrs / Miss / Ms (Please circle appropriate title)

Surname..... First Name.....

Marital Status ..... Maiden Name.....

Nationality..... Country of Birth.....

D.O.B.....

Address.....

.....

.....Postcode.....

Phone No. ....Mobile No. ....Other .....

Email: .....

National Insurance No: ...../...../...../...../.....

Current UK Driving Licence? Yes / No Car Owner? Yes / No Public Transport? Yes / No

**Please complete this section if you are not a British Citizen:**

Do you have a UK Residence Permit? **Yes / No**      Do you have a work permit? **Yes / No**

Are there any UK immigration control restrictions limiting your length of stay, conditions of stay or freedom to work in the UK? **Yes / No**

If **Yes** please explain.....

**Work Preference:**

What types of work do you prefer?(Underline as applicable)

**(Learning Disability/ Nursing Homes/Residential Homes / Hospitals/Mental Health)**

What hours are you looking for?

**(Part-time/Full-time/AM /PM/Weekends Sleepovers/Nights)**

Date available to start? .....

Will TCM CARE SERVICES LTD be your **ONLY / MAIN / SECOND** employment?

**References:**

***(Must be professional references) Not family, friend or work colleague.***

<b><i>Most Recent Employment</i></b>	<b><i>Character Reference / Employment or School</i></b>
Name.....	Name.....
Position of Referee .....	Position of Referee .....
Establishment.....	Establishment.....
Address.....	Address.....
Postcode.....	Postcode.....
Phone No. ....	Phone No. ....
Fax No.....	Fax No.....
Email: .....	Email: .....
May we approach prior to interview <b>Yes / No</b>	May we approach prior to interview <b>Yes / No</b>

Have you ever Administered Prescription Drugs?	YES / NO
If "Yes" was this <b>with</b> or <b>without</b> supervision?	

**EDUCATIONAL HISTORY: SECONDARY SCHOOL.**  
**COLLEGES. UNIVERSITY:**

(Please give details of any relevant course, training or qualification with the place and date completed)

DATE	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	QUALIFICATIONS GRADES ATTAINED

In total, how many years' experience do you have working in the Care Sector? .....

Were any of these College Placements? **YES / NO**

Were any of these Volunteering Jobs? **YES / NO**

Do you have experience of Sign Language? **YES / NO**

**Please give reason for applying for this post and describe how you consider your skills and experience are relevant to this post.**

Where did you hear about TCM CARE SERVICES LTD? .....

**Emergency Contact:**

Next of Kin..... Relationship.....

Address.....

.....

Daytime phone No. .... Night time phone No.....

Email Address.....

**CAREER HISTORY:**

*(Please write down all your employment history for the past current 5 years including the current employment. Please start with the most recent one)*

**RECENT EMPLOYMENT:**

Position Held:

.....

Reason for Leaving:

.....

Company Name:

.....

Address:

.....

.....

...

Town: ..... Postcode: .....

County: ..... Country:

.....

Date of Employment: FROM: TO:

**PREVIOUS EMPLOYMENT:**

Position Held:

.....

Reason for Leaving:

.....

Company Name:

.....

Address:

.....

.....

...

Town: ..... Postcode: .....

County: ..... Country:

.....

Date of Employment:	FROM:	TO:
<b><u>PREVIOUS EMPLOYMENT:</u></b>		
Position Held: .....		
Reason for Leaving: .....		
Company Name: .....		
Address: ..... ..... .....		
Town: ..... Postcode: .....		
County: ..... Country: .....		
Date of Employment:	FROM:	TO:

*Please continue with additional pages should you have more employment history that couldn't fit in the space provided*

**Please write down the reasons for any employment gaps; example: going on holiday, sickness e.t.c. Clearly write down the date of the Gaps.**

**Present Health:**

Sickness absence has you had in the past two years? ..... **Days**

Do you have a health problem which is relevant to your application **Yes/No** If yes, please give brief detail:  
.....

Do you or have you ever suffered from any mental health problems? **Yes/No** If yes, please give brief detail:  
.....

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***Do you have or have you ever suffered from the following?***

Back Problems **Yes / No**  
Mental Disorders **Yes / No**  
Migraine **Yes / No**

Diabetes **Yes / No**  
Dysmenorrhoea **Yes / No**  
HIV+ **Yes / No**

Epilepsy **Yes / No**  
MRSA **Yes / No**  
Hepatitis **Yes / No**

<b>Have you had vaccination against:</b>	<b>Yes</b>	<b>No</b>	<b>Date</b>
Rubella			
Tuberculosis BCG			
Hepatitis B			
Typhoid			
Polio			
Tetanus			
BCG – TB or positive HEF or MANTOUX			
Measles			

## **Equal opportunities & Diversity Monitoring:**

TCM limited Equal Opportunity Policy aims to ensure that no person working or applying to work at TCM ltd receives less favourable treatment on grounds of sex marital status colour race, nationality, ethnic or national origins, disability, age, religion, trade union or political beliefs or activity, dependants, sexual orientation, or is disadvantaged by conditions or requirements which cannot be justified.

<b>ETHNICITY MONITORING INFORMATION</b>			
<b>Please Choose One Section then tick appropriate box</b>			
WHITE			
British		<input type="checkbox"/>	
Irish		<input type="checkbox"/>	
Any other White Background Please state .....			
MIXED			
White and Black Caribbean		<input type="checkbox"/>	
White and Black African		<input type="checkbox"/>	
White and Asian		<input type="checkbox"/>	
Any other Mixed background, please state .....			
ASIAN OR ASIAN BRITISH			
Indian		<input type="checkbox"/>	
Pakistan		<input type="checkbox"/>	
Bangladeshi		<input type="checkbox"/>	
Any other Asian Background .....			
BLACK OR BLACK BRITISH			
Caribbean		<input type="checkbox"/>	
African		<input type="checkbox"/>	
Any other Black .....			
CHINESE/OTHER ETHNIC GROUP			
Chinese		<input type="checkbox"/>	
Other ethnic background not covered above .....			
GENDER			
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
RELIGION/FAITH/BELIEF			
Christian	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
		Hindu	<input type="checkbox"/>
		Jewish	<input type="checkbox"/>
		Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	None	<input type="checkbox"/>
		Prefer Not	<input type="checkbox"/>
		Other(please specify)	<input type="checkbox"/>
Do you consider yourself to have a disability			
	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If the above answer is Yes please give a brief details of the disability below:			



## **Rehabilitation of Offenders Act 1974:**

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.4 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should be including any "spent" convictions.

Have you ever been convicted of a criminal offence, cautioned, served a sentence or had a suspended sentence, however minor, however long ago?

**Yes / No**

If yes, please explain below:

.....  
.....  
.....  
.....

## **Bank Details:**

NAME OF THE ACCOUNT HOLDER: .....

NAME OF BANK: .....

ACCOUNT NUMBER: ..... SORT CODE: .....

BANK ADDRESS: ..... POST CODE: .....

*I authorise TCM Ltd to pay me weekly earning directly into the bank or building society whose details I have given above. I confirm that I will notify TCM Ltd in writing of any changes to these details.*

Signed: ..... DATE: .....

## **Declaration:**

*I declare that I have answered the above questions fully and honestly and I know of no reason why I may not be suitable for the duties introduced to me via TCM CARE SERVICES LTD. I realise that any false or in-complete statement of my part will render me liable to disciplinary action or dismissal. I also understand that my details will be held in a staff database, for administration purposes only.*

Signature: ..... Date: .....

## **DOCUMENTS TO BE SENT/BROUGHT WITH THE APPLICATION FORM:**

Please provide a photocopy of the document below when sending your application to us alternatively you can bring all the originals at the office together with the application. (Please bear in mind that we will still need to see the Originals even if you post the photocopies).

### **PLEASE BRING ALL THE DOCUMENTS PRINTED BELOW:-**

- |   |          |
|---|----------|
| 1. Application Form   | Yes / No |
| 2. Copy of Passport & Residents Permit  | Yes / No |
| 3. 2 Passport size Photos   | Yes / No |
| 4. NMC Statement of Entry/Pin Card  | Yes / No |
| 5. Training Certificates  | Yes / No |
| 6. 2 Referees Name  | Yes / No |
| 7. Hepatitis B immunisation details   | Yes / No |
| 8. An Enhanced DBS Certificate Most current   | Yes / No |
| 9. Birth Certificate/Passport   | Yes / No |
| 10. 2 proofs of address. Utility bills which shows your current address (phone / gas / water bill),<br>Both parts of your Driving License | Yes / No |
| 11. NI Card   | Yes / No |
| 12. Certificates  | Yes / No |

***Please make sure all the sections of the application form are completed. Complete this form in full as a CV alone is not acceptable. We aim to advise non short listed applicants within a reasonable period after the closing date. If you have not been contact within 3 weeks of the closing date, please assume you have been unsuccessful”.***

**THANK YOU**