Logo, company name

Description automatically generated

**MMI Trading with Care Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vacancy Details** | | | | | |  | | | | | | | |
| Role applied for: | | | | | | Date: | | | | | | | |
|  | | | | | |  | | | | | | | |
| **Personal Details** | | | | | |  | | | | | | | |
| Title: | | First Name: | | | | | | Surname: | | | | | |
| Address: | | | | | | Home Tel: | | | | | | | |
|  | | | | | | Mobile: | | | | | | | |
|  | | | | | | Email: | | | | | | | |
| Post Code: | | | | | | Work Tel: | | | | | | | |
|  | | | | | |  | | | | | | | |
| **Information in Support of your Application** | | | | | | | | | | | | | |
| Please tell us why you applied for this position. Please include any skills and experience you have acquired that can support this application, whether within the working environment our outside | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Education & Training** | | | | | | | | | | | | | |
| Please list all relevant training and qualifications you hold, along with the dates you achieved them. | | | | | | | | | | | | | |
| Do you consider yourself to have a disability? (Please delete as applicable)  Yes / No | | | | | | | | | | | | | |
| Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process. | | | | | | | | | | | | | |
| Do you need a work permit to work in the UK? (Please delete as applicable)  Yes / No | | | | | | | | | | | | | |
| When are you available to start work? | | | | | | | | | | | | | |
| Are you a Welsh Speaker? (Please delete as applicable)  Yes / No | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Availability for working as a Personal Assistant** | | | | | | | | | | | | | |
| Days/hours available: Please add morning/afternoon/evening/flexible | | | | | | | | | | | | | |
| Monday | Tuesday | | Wednesday | | Thursday | | Friday | | | | Saturday | Sunday | |
|  | | | | | | | | | | | | | |
| Are you a driver? | | | | Yes | | | | | No | | | | |
| Do you have access to a car? | | | | Yes | | | | | No | | | | |
|  | | | | | |  | | | | | | | |
| **DBS Checks** | | | | | |  | | | | | | | |
| Checks (DBS) will be necessary if you are likely to work unsupervised with vulnerable people in the community. Do you have a current DBS? | | | | | | | | | | | | | |
| Yes / No | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |
| **Equality Monitoring** | | | | | |  | | | | | | | |
| To help us with our equal opportunity monitoring and ensure we are delivering a service to the whole community, we would be grateful if you could complete the following: | | | | | | | | | | | | | |
| Gender: (please circle)  Male / Female / other (please specify) | | | | | | | | | | | | | |
| Age: (please circle)  18 -25 26-35 36-50 51-65 65 or over | | | | | | | | | | | | | |
| Employment status: (please circle)  Unemployed Employed Student Retired | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |
| **References** | | | | | |  | | | | | | | |
| The nature of the work we do at MMI TwC can bring Personal Assistants into contact with vulnerable people. For this reason, we ask for the name of two people who are not relatives and not residing at the same address with you. Your signature will be taken as your agreement for us to contact the following: | | | | | | | | | | | | | |
| Referee One:  Name:  Email Address:  Address:  Post Code:  Tel No:  Relationship to applicant: | | | | | | Referee Two:  Name:  Email Address:  Address:  Post Code:  Tel No:  Relationship to applicant: | | | | | | | |
|  | | | | | |  | | | | | | | |
| **Rehabilitation of offenders Act 1974 (exceptions) order 1975** | | | | | | | | | | | | |
| This role is exempt from the Rehabilitation of Offenders Act 1974. If the role is exempt, the applicant and their referees are not entitled to withhold information about their convictions, however long ago they were committed. Do you have any such convictions (spent or otherwise) to disclose?  Please delete as applicable – Yes or No  If ‘yes’ please attach details, which will be treated in confidence. | | | | | | | | | | | | |
| **Confidentiality** | | | | | | | | | |  | | |
| Personal Assistants are reminded that any confidences they may come across in the course of their work should be kept, however insignificant they may seem. | | | | | | | | | | | | |
|  | | | | | | | | | |  | | |
| **Data Privacy** | | | | | | | | | |  | | |
| We will only use your data for the following purposes:   * Contacting you * Equality monitoring   MMI TwC will only share your data internally where required. No external individuals or agencies will be given your information unless we ask you and agree in advance. We will not share your information with clients other than your first name.  By signing this application form, I agree that MMI Trading with Care may use my data in the above ways. | | | | | | | | | | | | |
|  | | | | | | | | | |  | | |
| **Agreement** | | | | | | | | | |  | | |
| I confirm I agree that MMI Trading with Care may use the data I have provided on this form for the purposes stated above. I also confirm the information given in this form is true and accurate | | | | | | | | | | | | |
| Name: (Please Print): | | | | | | | | | | | | |
| Signed: | | | | | | | | | | Date: | | |
|  | | | | | | | | | |  | | |
| **Please return completed form to:** | | | | | | | | | |  | | |
| MMI Trading with Care, Brynhyfryd House, Giants Grave Road, Briton Ferry, Neath, SA11 2ND  Telephone: 01639 812528 Option 2 Email: [dpteam@mmitwc.co.uk](mailto:dpteam@mmitwc.co.uk)  Find us on Facebook @MMI Trading with Care | | | | | | | | | | | | |