

**AREA APPLIED FOR (PLEASE CIRCLE):**Birmingham or Coventry

## Application For Employment

Please use capital letters and complete all sections. If you have any difficulty completing this form, please ask someone to help you. It may be completed at an interview if you prefer.

**This application form must be completed in the applicant's own handwriting or electronically.**

In accordance with the Data Protection Act 1998, the data gathered on this Application Form and the Applicant Profile Form is used by PBL Care to inform you of potential work opportunities by mail, telephone or email. We may also use this data to conduct market research and to keep you informed of the latest developments, legislation and policy changes and company initiatives.

Information provided on the equal opportunities monitoring form is for monitoring purposes. PBL Care is an equal opportunities employer.

**Name of Applicant:        BERNICE DUFIE MARFO****Post Applied For:   CARE ASSISTANT****Date of Application: 25/11/2024****[For Office Use Only]****Short Listed:                      Yes/No****Invitation for interview sent:    Yes/No**

PERSONAL DETAILS:	
Title	MS.
Surname	DUFIE MARFO
Previous surname/s (if any)	
Forename	BERNICE
Address	1 CHURCHILL AVENUE
Post Code	CV6 5JJ
Telephone Number	
Mobile Number	07909410212
Email address	marfodufiebernice@gmail.com
Date of birth	28/06/1995
Visa Status & BRP Expiry Date	ACTIVE 09/2026
Do you have a valid Driving License (Not a Provisional)	Yes/No
Do you have a car that can be used for work purposes	Yes/No
NI Number	TJ521479D
Qualifications	STAFF NURSE CARE ASSISTANT
Marital Status (Write here if prefer to not state)	MARRIED
Next of Kin/Emergency Contact Name	ERIC OPPONG NSIAH
Relationship to you	BROTHER
Telephone Number	07741040075

<b>Work/Mobile Number</b>	
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<b>EDUCATION:</b>			
<b>School/College</b> (Name and Address)	<b>Subjects/Courses/Qualifications</b>	<b>From:</b> (Month/Year)	<b>To:</b> (Month/Year)
<b>NURSING AND MIDWIFERY TRAINING COLLEGE DUNKWA ON OFFIN</b>	<b>REGISTERED GENERAL NURSE</b>	<b>SEPTEMBER 2013</b>	<b>NOVEMBER 2015</b>
<b>KONONGO ODUMASE SENIOR HIGH SCHOOL</b>	<b>HOME SCIENCE  WEST AFRICAN SENIOR SCHOOL CERTIFICATE EXAMINATION</b>	<b>SEPTEMBER 2010</b>	<b>JUNE 2013</b>

<b>FURTHER TRAINING/COURSES/DAYS:</b>			
<b>Establishment</b> (Name and Address)	<b>Course Title</b>	<b>Duration</b>	<b>Date Achieved</b>

<b>LANGUAGES/ADDITIONAL SKILLS: e.g. Sign Language/Makaton</b>			
<b>Language/Skill/Fluency/Competence</b>	<b>Speech</b>	<b>Reading</b>	<b>Writing</b>

**EMPLOYMENT HISTORY:**

Detail all employment since secondary education, starting with most recent and include any gaps or voluntary/unpaid work.

<b>Company/Employer</b> (Name and Address)	<b>Position Held</b>	<b>From:</b> (Month/Year)	<b>To:</b> (Month/Year)
<b>A&amp;L ENABLEMENT SERVICES</b>	<b>SUPPORT WORKER</b>	<b>05/2024</b>	<b>PRESENT</b>
<b>G AND C HEALTHCARE LIMITED</b>  <b>1&amp;5 BOROUGH RD</b>  <b>BURTON ON TRENT</b>  <b>DE14 2DA</b>	<b>CARE ASSISTANT</b>	<b>10/2023</b>	<b>PRESENT</b>
<b>GHANA HEALTH SERVICE</b>  <b>ASHANTTI REGION - GHANA</b>	<b>STAFF NURSE</b>	<b>05/2019</b>	<b>10/2023</b>

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**GAPS IN EMPLOYMENT HISTORY:**

Please explain in the box below, with dates, any gaps in your employment history.

**Gaps in employment history explained:**

<b>GENERAL INFORMATION:</b>		
Are you happy to work in service users' home or environments where there are smokers?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Are you happy to work in service users' home or environments where there are domestic pets?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you want full time or part time work?	<input type="radio"/> Full Time	<input checked="" type="radio"/> Part Time
How many hours per week?	20HRS/WEEK	
Are you able to / do you want to work nights?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

**Days available to work on a regular basis:**Location: **Birmingham / Coventry** (please indicate the area)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Morning (Breakfast &amp; Lunch)</b>  06:00 to 14:30 (Approx)	✓	✓	✓	✓	✓	✓	✓
<b>Evening (Tea &amp; Tuck)</b>  14:30 to 23:00 (Approx)	✓	✓	✓	✓	✓	✓	✓
<b>Waking/ Sleeping/ (Nights)</b>	✓	✓	✓	✓	✓	✓	✓

**PLEASE NOTE:** THAT YOU CAN ONLY SELECT THE CALLS THAT YOU ARE AVAILABLE FOR, THIS MEANS IF YOU HAVE CHILDREN TO DROP OFF AT SCHOOL IN THE MORNING, DO NOT SELECT MORNING CALLS, IF YOU HAVE CHILDREN TO PICK UP AT SCHOOL, DO NOT SELECT EVENING CALLS.

**YOU WILL EITHER BE ON MORNING CALLS OR EVENING CALLS. IF YOU SELECT BOTH MORNING AND EVENING, YOU WILL BE EXPECTED TO WORK FULL DAYS.**

**WE WILL NOT BE TAKING ANY EXCEPTIONS TO THIS RULE.**

**Name:** BERNICE DUFIE MARFO

**Date:** 25/11/2024

Signature:





<b>REFERENCES:</b> Minimum 2 references required, one of whom must be your current or most recent employer	
Please select the type of this reference:	<input checked="" type="radio"/> Professional / <input type="radio"/> Character
Name: EUNICE BADU NYARKO	Position: CARE ASSISTANT
Organisation: G AND C HEALTHCARE	Telephone: +447442844551 Email: eunicebadunyarko@gmail.com
Address: 27 CARDIFF CLOSE	
May we approach this person for a reference?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Please select the type of this reference:	Professional / Character
Name: BEATRICE KONADU BOAHENE	Position: PROFESSIONAL TEACHER
Organisation: GHANA EDUCATION SERVICE	Telephone: 00233248753911 Email: beatriceboahene2000@gmail.com
Address: PLT 16 BLK D, PANKRONO-KUMASI	
May we approach this person for a reference?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Please select the type of this reference:	Professional / Character
Name:	Position:
Organisation:	Telephone: Email:
Address:	
May we approach this person for a reference?	Yes/No

<b>REHABILITATION AND CRIMINAL RECORDS:</b>
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Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that all convictions, including those that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed and will be taken into account in deciding whether to make an appointment. Information will be confidential and considered only in relation to this application. You are also required to submit to a Criminal Records Bureau / Access NI enhanced disclosure. PBL Care complies with the Codes of Practice of the Criminal Records Bureau and Access NI. A copy of the disclosure to which you are subject may be made available to industry regulators or other local or national government departments for audit purposes, in accordance with the code of practice.

Making a false statement or any attempt to conceal information regarding this declaration may lead to the rejection of your application for employment with this company.

**Have you ever been convicted in a Court of Law and/or cautioned in respect of any criminal offences?**

**No**

**Yes**

**If YES, please give details:**

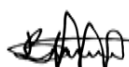
## DECLARATION

1. I confirm that the information contained in this application form is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personal file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

3. I agree that should I be successful in this application; I may be required to apply to the Criminal Records Bureau or Access NI for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

**Signed:**



**Date: 25/11/2024**

**EQUAL OPPORTUNITIES MONITORING FORM:**

PBL Care operates a policy of equal opportunities; therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we should be grateful if you would complete this short questionnaire. Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

**What is your ethnic group? Choose ONE section from A to E, and then circle the appropriate box to indicate your cultural background.**

**A. White**

British

Irish

Any other White background, please write here:

**B. Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write here:

**C. Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian Background, please write here:

**D. Black or Black British**

Caribbean

African

Any other Black background

**E. Chinese or other Ethnic group**

Chinese

Any other, please write here:

**DISABILITY**

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? (i.e. do you consider yourself to be someone who has a physical or mental impairment, which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?)

YES

NO

**SEX:**

Male

Female

**HEALTH QUESTIONNAIRE:**

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If PBL Care has concerns about your fitness to work, any offer of employment may be subject to a satisfactory medical report.

**Please note: you must inform your local office immediately if your health changes significantly at any time during your employment.**

Have you ever had:	Delete as applicable:	Additional Information:
Tuberculosis, asthma, bronchitis or chest problems?	No	
Chest pain, heart condition, raised blood pressure?	No	
Blackouts, fits or attacks of giddiness?	No	
Depression, mental illness or nervous breakdown?	No	
Rheumatism or arthritis?	No	
Back trouble?	No	
Typhoid, paratyphoid or dysentery?	No	
Digestive or bowel disease?	No	
Diabetes, thyroid or other gland trouble?	No	
Bladder or kidney trouble?	No	
Dermatitis, eczema or skin trouble?	No	
Varicose veins?	No	
Other accident, operation or illness?	No	
Have you any reason to believe you may be infected with any communicable disease?	No	

Any illness or medical condition that prevented you from attending work or your normal duties or activities for more than one week during the past year?	No	
Any physical impairment, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability?	No	
Do you smoke?	No	
Do you drink alcohol?	No	If yes, how many units of alcohol do you drink per week?
Have you had any of the following vaccinations?	Yes	Tuberculosis (BCG), Rubella (German Measles), Tetanus, Hepatitis B

COVID -19 Vaccination 1	Yes	Date: 02/02/2022 Batch Number: 32155BA What type of Vaccination: PFIZER
COVID -19 Vaccination 2	Yes	Date: 10/04/2022 Batch Number: 32155BA What type of Vaccination: PFIZER
Booster Vaccination	No	Date: Batch Number: What type of Vaccination:
Flu Vaccination	No	Date: