JABA CARE LTD
Caring with expertise

Regus 314 Midsummer Court Midsummer Boulevard, Milton Keynes, Buckinghamshire, England, MK9 2UB

Email: info@jabacareltd.co.uk , office: 07720817740

MUST USE CAPITAL LETTERS	CV Attached: YES NO		
Title:	MR	(Official Use)	NIL
First Name:	LUKMAN	Registration Date:	Nil
Surname:	FARUQ	Driving Licence (Full/Prove):	NO
Mobile Number:	07754781530	Own Car:	NO
Email:	olowuconfirm@mail.com	National Insurance No.:	
DBS Ref. No.:	NIL	How did you hear about Jabacare?	THEY ARE INTELLIGENT AND SUPER NATURAL
DBS Issue Date:	NIL	Any Criminal Record:	NO
		Post Code:	MK 13 7PD
Do you consider yourself disabled?	NO	Date of Birth:	5/5/1985

APPLICANT REGISTRATION – HCA/SUPPORT WORK

Section 2 -Work Preferences & Availability

Shift Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Bank Holiday
Days	AVAILABLE	AVAILABLE	AVAILABLE	AVAILABLE			AVAILABLE	YES
morning	YES	YES	YES	YES			YES	
Specific Time	6AM	6AM	6AM	6AM			6AM	
** Help us Understand you Availability, please give details including any planned Holiday		AM AVAILABLE FOR THE WORK	MY HOLIDAY PLAN IS DURING RAMADAN					

Section 3 – Education

NAME OF SCHOOL	TYPE/EXAMINATION	DATE/PERIOD	GRADES OBTAINED

SCHOOL CERT	NECO	2000	PASS
TERTIARY	DIPLOMA	2003	MERIT
HIGH INSTITUTION	FIRST DEGREE	2014	SECONDS CLASS LOWER

Further Education

Subjects Studied: MASS COMMUNICATION	**College/University Name: DIPLOMA (KWARA STATE COLLEGE OF ARABIC AND ISLAMIC STUDIES ILORIN)**	**Qualifications Obtained:DIPLOMA IN MASS COMMUNICATION**
Subjects Studied:ISLAMIC STUDIES	**Job Related additional courses: FIRST DEGREE (UNIVERSITY OF ILORIN)**	**Quals/Certs/Memberships Obtained: FIRST DEGREE UNILORIN ILORIN KWARA NIGERIA**

Section 4 – Employment

Current/ Previous Employment – (Please start with your current or most recent employer first)

FROM	TO	NAME & ADDRESS OF COMPANY	JOB TITLE & DETAILS	SALARY	REASON FOR LEAVING
JULY	PRESENTS	TEDDYS HAVEN LTD 25,WENFORD BROUGHTON MK10 7AN	SUPPORT WORKER	11:90	I'M NOT LEAVING, APPLLYING FOR PER TIME

Bank Details:

Bank / Building Society:	
Self-Employed UTR No.	
Ltd Candidate: Company Name & Registration:	Sort Code:
	Account Number:
	Account Name:

NEXT OF KIN DETAILS	
Name:	MARILIAT ASHABI
Address:	BROADLANDS NETHERFIELD MK6 4HJ
Mobile:	+234 704 437 1537
Email:	olowuconfirm@gmail.com
Relation with Candidate:	SISTER

JABA CARE LTD
Caring with expertise

Regus 314 Midsummer Court Midsummer Boulevard, Milton Keynes, Buckinghamshire, England, MK9 2UB

Email: info@jabacareltd.co.uk , office: 07720817740

PERSONAL DECLARATION
To The best of my knowledge the information on my application is correct, I am in good health and there is nothing further which I am aware of that should be taken into account when offering me work. I understand that, should any information prove to be inaccurate I am liable to be dismissed. I hereby authorise Jabacare to seek references and the information provided may be used to assist with my application for work. I agree that the information given on my application may be used for registration purposes under the data Protection Act.
SIGNED: Faruq DATE:22/4/2024

Date: 22/4/2024

FARUQ LUKMAN ……, hereby give my consent to the Company to

process the following information:

Personal data:

- Name
- Date of birth
- Contact details, including telephone number, email address and postal address
- Experience, training and qualifications
- CV
- National insurance number
- Any other relevant personal data required for job application (e.g. Copy of Passport, right to work, bank statement or utility bills showing address, reference)

Also, I also consent to the Company processing my personal data with third parties including (e.g. HMRC) for the purposes of internal audits and investigations carried out on the Company to ensure that the Company is complying with all relevant laws and obligations.

The consent I give to the Company will last for 48 months/years.

I am aware that I have the right to withdraw my consent at any time by informing the Company that I wish to do so.

Signed by candidateAB……FARUQ LUKMAN

Date:22/4/2024……

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross referenced should be registered on our system by one employer.

Personal Information			
Title	Surname	First Name	D.O.B
MR	FARUQ	LUKMAN	5/5/1985
Home Tel:	Work Tel:	Mobile:	07754781530
Home Address:BROADLANDS NETHERFIELD MK 6 4HJ		GP Name:LUKMAN	

Medical History		
All staff groups complete this section	Yes	No

Do you have any illness/impairment/disability (physical or psychological) which may affect your work?		NO
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?		NO
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates		NO
Do you think you may need any adjustments or assistance to help you to do the job?		NO

If you have indicated yes to any of the above question's you must provide further details, failure to do so will result in the form been **returned/rejected**.

Additional Information (If you have answered yes to any questions above please provide additional information below)

Tuberculosis & COVID-19		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006) and Coronavirus Protection Regulation 2020	Yes	No
Have you lived continuously in the UK for the last 5 years?		NO

If you answered NO to the above, please list all of the countries that you have lived in/visited over the last 5 years, including duration of stay and dates.	**Country Name**	**Departure Date**	**Duration**
	NIGERIA	JULY 10/25/2023	TWO WEEKS

Have you had a vaccination in relation to Tuberculosis or Covid-19?			
If you answered yes please state when	Covid-19	Date:	24/11/2021
	BCG	Date:	

Declaration		
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.		
Name	**Signature**	**Date**
FARUQ LUKMAN	FARUQ	22/4/2024

Tuberculosis & COVID-19 Continued		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks / continuous more than 30 minutes		NO
Unexplained weight loss or loss of smell with mild fever		NO
Unexplained fever, weakness, shortness of Breath		NO
Have you had Covid-19 or been in recent contact with someone with Covid-19		NO

Additional Information (If you have answered yes to any questions above, please provide additional information below)	
Proof of Immunity (Please send the following)	
Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result **(Do not Self Declare)**
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above

FOR HEALTH PROFESSIONALS ONLY:

To your knowledge is the candidate currently the subject of a fitness to practice investigation of proceedings by a licensing or regulatory body in the UK or any other country?

Yes

No

Name ..... Signature.....

Position..... Date.....

Organisation..... Stamp.....

NOTE: Please endorse this form with either a company stamp, or enclose a company letterhead of compliment slip

1. GOVERNING LAW AND JURISDICTION

These Terms are governed by the law of [*England & Wales/Scotland/ Northern Ireland*] and are subject to the exclusive jurisdiction of the Courts of [*England & Wales/Scotland/ Northern Ireland*].

Signed by the Candidate

AB

_____

[print name here

]

22/412024

_____

Date

WORKING TIME REGULATIONS 1998

Name of the Employee: …….

I hereby agree to waive my right to limit my maximum working time (including overtime) to an average of 42 hours for seven (7) days.

PERIOD OF AGREEMENT: From ……6AM. TO ……6PM.

(* Insert ‘until further notice’ if indefinite)

PERIOD OF NOTICE: Three (3) months’ notice in writing is required to terminate this agreement.

Signed:FARUQ ……

Print Name:FARUQ LUKMAN …….

Date:22/4/2024…….

Name:FARUQ LUKMAN ELEJI

Post Applied:

Date:22/4/2024

Interviewed by:

Signature: AB

1. Can you please let me/us know about yourself and your experience? I HAVE EXCELLENT INTERPERSONAL SKILLS.I ALWAYS PRACTISE COMPASSION AND UNDERSTANDING AS I KNOW HOW IMPORTANT THIS IS TO BE WELL-BEING OF PATIENTS.

2. What are the steps that you would take before starting to work for a new Unit/home where you have never worked before?THE HEAD NURSE WILL USUALLY GO THROUGH THE PAPERWORK WITH THE RESIDENT AND THEIR FAMILY ON THE RESIDENTS FIRST DAY TO ENSURE ANY NECESSARY MEDICATIONS ARE READY AND DISCUSS HOW AND WHEN THEY RE BEST ADMINISTERED .

3. What is your understanding of Teamwork? IT OCCURS WHEN A GROUP OF PEOPLE WORK TOGETHER TO SUCCESSFULLY COMPLETE A TASK.

4. How do you find out the needs of service users you are going to support/assist? Read the care plan.

5. What would you do if one of the service users, their family or relative is not happy about the service you or your team has delivered? THE FIRST STEP IS TO BE APOLOGETIC :LET THE FAMILY KNOW THAT YOU ARE SORRY THEY FEEL THAT WAY,DOCUMENT THE COMLAINT.

6. What is your understanding of Safeguarding of Vulnerable Adults?IT MEANS PROTECTING A CITIZEN'S HEALTH WELLBEING AND HUMAN RIGHTS ENABLING THEM TO LIVE FREE FROM HARM. ABUSE AND NEGLECT.

7. What do you love doing the most in your current or former job? I SPENT TIME HAVING MEANINGFUL CONVERSATION WITH PATIENTS AND HELPED PREPARE THEIR MEALS. I ENJOYED ENGAGING WITH THE RESIDENTS AND SEEING THEM SMILE AND LAUGH MEANT SO MUCH TO ME.

8. Do you have you any questions to ask today, please? NO

OUTCOME OF THE INTERVIEW:

Successful Unsuccessful To be confirmed Waiting for more documents

Comments, (If any):

Section 1: Filled by Candidate

Name of the Applicant:FARUQ LUKMAN ELEJI	ABIOLA BELLO
Date of Birth:5/5/1985	11/11/2024
Post Applied for:CARE ASSISTANCE	SUPPORT WORKER

Referee Name: TEDDYS HAVEN LTD

Referee Email:office@teddyshaven.co.uk

Referee Mobile:07842892569 or 01908990516

The above-named person has applied for the above-named position and has recommended you as their named non-related referee. Any information provided by you will be treated in upmost confidence. Please can you refrain from using single word answers as this may delay the selection process.

Section 2: Filled by Character Referee

Name of Referee: MORILAT FAROUK	
Sign and Date: 22/4/2024	
Relation to the Applicant: SISTER	

1. How long have you known this person and in what capacity? FOR DECADE

2. Would you consider this person to be honest and reliable?

YEA

3. What qualities do you feel this person has that will be a contributing factor to their chosen position? TRUST WORTHY

4. Please outline any relevant additional information that will assist us in the section below. HE IS MY BROTHER.RELIABLE

Thank you for co-operation in providing us with a character reference. The information you have given will be used to make a positive decision in interest of both the applicant Jabacare Limited.

Official Use Only: Please Obtain/attach evidence as this came from Above referee.

Regus 314 Midsummer Court Midsummer Boulevard, Milton Keynes, Buckinghamshire, England, MK9 2UB. info@jabacareltd.co.uk . 07720 817 740