

POSITION APPLIED FOR:

Job Reference:

*Please complete this Application Form in block capitals in black or blue ink.
Should you require more space please continue on a separate sheet clearly marking the section to which it relates.*

A: PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other): _____ Surname: _____ Forename(s): _____

Address: _____ Postcode: _____

DOB: _____ NI: _____ Mobile: _____

E-mail address: _____ This address is: Personal ____ Work ____

Do you need a permit to work in the UK? YES: ____ NO: ____

B: DRIVING RECORD

Do you have regular use of a car? YES: ____ NO: ____ Make / model / year: _____

Current Driving Licence: PROVISIONAL: ____ FULL: ____ PSV: ____ NONE: ____

Driving Licence valid from: _____ to: _____

Details of current endorsements : _____

Do you have any driving-related prosecutions / fixed penalties / endorsements or similar currently pending? YES: ____ NO: ____

If "YES" please provide brief details: _____

Have you ever been disqualified from driving? YES: ____ NO: ____

If "YES" please provide brief details: _____

Have you ever had insurance refused? YES: ____ NO: ____

If "YES" please provide brief details: _____

G: TRAINING

Please provide details of all training courses attended and awards achieved. Including dates if appropriate

DATES		Training Courses
From	To	

SUITABILITY FOR THIS POSITION
Please detail your suitability for this position

Blank area for detailing suitability for the position.

MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

Name of Organisation/ Institution	Grade of Membership	Dates: From	To

F: EMPLOYMENT HISTORY

Please provide details of all employment, beginning with your present or most recent job first

DATES		Employer	Position(s) held	Reason for leaving
from	to			

G: JOB FLEXIBILITY

Prepared to work: FULL-TIME: ____ PART-TIME: ____ SHIFTS: ____

If PART-TIME please indicate preferred hours: _____

Details of any other work which you will continue to undertake if you are offered this Job Position:

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM: _____



H: REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

1. Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

Email:

2. Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

Email:

May we contact your referees prior to making a job offer? YES: ___ NO: ___

I: DECLARATION BY JOB APPLICANT

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, MAY BE SUBJECT TO DISCIPLINARY PROCEEDINGS WHICH MAY RESULT IN DISMISSAL

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: _____

AM CARE SERVICES IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability.

Data Protection Act 1998: Your signature on this document gives us the right, under the *Data Protection Act 1998* to process the information you have given, including data of a sensitive nature, relating to your application for employment. Any processing of the data by us will be in accordance with our Policy and the processing principles set out in the Act. Application forms of unsuccessful candidates will be destroyed after 6 months in accordance with our Record-keeping Policy.



EQUAL OPPORTUNITIES MONITORING

Am Care Services aims to be an equal opportunities employer. Employees are therefore put forward for work / shift irrespective of race, ethnic origin, disability, age and gender. In order to monitor the effectiveness of our policy, we request all candidates to provide the following information.

Name

Age Group 16 – 20 21 – 35 36 – 50 50+

Registered disability

Unregistered disability

No disability

Please tick appropriately which best describes your Ethnic Origin.

White European

White Other

Black African

Black Caribbean

Black Other

Indian

Pakistani

Chinese

Other

How did you hear about the post?

.....

REHABILITATION OF OFFENDERS ACT 1974

You are advised that you are not entitled to withhold information about convictions, which are regarded as spent under the Act'. This is due to the nature of the work involved renders the post exempt from sec. 4(2) of the Act in accordance with the Rehabilitation of Offenders Act 974 (Exceptions) Order 1975.

*You are therefore required to give details of all convictions and cautions including 'spent' convictions. Any information, which you may give, will be strictly confidential and will be **considered only** in relation to this or a similar position for which you may be considered with Am Care Services.*

*Have you ever been convicted of a criminal offence? **YES I NO***

*If **yes**, please give details of all convictions and cautions, including spent convictions and cautions: (please use a separate sheet if necessary)*

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You are required to complete the Disclosure and Barring Service (DBS) Disclosure form. All health professionals registered with AM Care Services are subject to this disclosure process in the interests of all parties concerned.

DECLARATION

I declare that:

All information given is true in every respect. I have read and understood the Terms and Conditions and I agree to comply with the current Health and safety at work Act (ii) I have never been charged with or convicted of an offence under any legislation dealing with Residential care or any offence involving dishonesty or violence.

(iii) I have been issued with a staff handbook and informed of the importance of reading and understanding it.

Signature. Date.....

DISCLOSURE AND BARRING SERVICE – ENHANCED DISCLOSURE

Forenames Surname

I understand that before I can commence work with AM Care Services, I will need to be in possession of a DBS Enhanced Disclosure.

DISABILITY DISCRIMINATION ACT 1995

SECTION 1 OF THIS ACT DESCRIBES A DISABLED PERSON AS A PERSON WITH A PHYSICAL OR MENTAL IMPAIRMENT WHICH HAS A SUBSTANTIAL OR LONGTERM EFFECT ON HIS/HER ABILITY TO CARRY OUT NORMAL DAY-TO-DAY ACTIVITES.

USING THE DEFINITION ABOVE, WOULD YOU CONSIDER YOURSELF TO BE DISABLED? YES / NO

IF YES, DO YOU REQUIRE ANY SPECIAL ARRANGEMENTS TO BE MADE TO ASSIST YOU IF CALLED FOR INTERVIEW? PLEASE PROVIDE DETAILS:

YOUR DOCTORS DETAILS:

Doctor's Full Name:	
Surgery Name:	
Address:	
GP Telephone Number:	

I HERBY AUTHORISE AM CARE SERVICES AND PRESENT AND PAST EMPLOYERS TO GIVE ANY INFORMATION THAT MAY SOUGHT CONCERNING THIS SPECIFIC APPLICATION REGARDING MY WORK, SKILLS AND CHARACTER. I UNDERSTAND AND AGREE TO THE PASSING ON OF REFERENCES. ONCE I HAVE ACCEPTED EMPLOYMENT TO A FUTURE EMPLOYER. I FURTHER AGREE TO TREAT AS CONFIDENTIAL ANY INFORMATION I GET TO KNOW CONCERNING THE BUSINESS OF PREMIER CAREWAITING LIMITED OR ITS CLIENTS AND NOT TO DISCLOSE SUCH INFORMATION IN ANYWAY OTHER THAN AS DIRECTED BY AM CARE SEERVICES IN ACCORDANCE WITH COMPANY POLICY. I UNDERSTAND CAREWAITING OPERATE AN EQUAL OPPORTUNITIES POLICY, WHICH MEANS THAT IT WILL NOT DISCRIMINATE, DIRECTLY OR INDIRECTLY AGAINST PEOPLE ON THE GROUNDS OF THEIR SEX OR MARITAL STATUS, AND RACE, COLOUR AND OR ETHNIC BACKGROUND. AM CARE SERVICES WILL NOT, DISCRIMINATE IN ADVERTISING, SELECTING, OFFERING, TRAINING OR PROVIDING BENEFITS AND SERVICES. EVERY VACANCY WILL BE OPENED EQUALLY TO THOSE WHO HAVE THE REQUIRED QUALIFICATIONS. I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE; THE INFORMATION ON THIS FORM IS COMPLETED AND CORRECT.

Applicant Name:

Signature: Date:

AM CARE SERVICES

HEALTH & SAFETY

AM CARE SERVICES ADHERES STRONGLY UNDER THE HEALTH AND SAFETY ACT 1974, WHICH STATE THAT EMPLOYERS HAVE A GENERAL DUTY TO ENSURE, SO FAR AS IS REASONABLY PRACTICAL. THE HEALTH AND SAFETY OF THE WORKFORCE OF ALL MEMBERS OF STAFF IS PARAMOUNT TO US. THUS, AM CARE SERVICES ASKS NEW MEMBER STAFF TO COMPLETE A PRE-RECRUITMENT QUESTIONNAIRE, THE SERVICE IS SEEKS TO ENSURE THAT INDIVIDUALS WILL BE ABLE TO UNDERTAKE THE DUTIES OF THEIR POSITION WITH THE SERVICE WITH- OUT THEIR, OR ANYBODY ELSE'S HEALTH AND SAFETY BEING PUT AT RISK.

HEALTH DECLARATION

HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING?

- | | | |
|--------------------------|------------------------------|-----------------------------|
| HEART DISEASE | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HIGH BLOOD PRESSURE | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| BACK PROBLEMS | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| NECK PAIN/INJURY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ARTHRITICS OR RHEUMATISM | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DIABETES | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| EPILEPSY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ASTHMA | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

OTHER

IF THE ANSWER OF ANY OF THE ABOVE IS YES – PLEASE GIVE DETAILS BELOW

AM CARE SERVICES

VACCINATION

HAVE YOU BEEN VACCINATED FOR ANY OF THE FOLLOWING?

- | | | |
|--------------------|------------------------------|-----------------------------|
| TUBERCULOSIS (T.B) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| RUBELLA (MEASLES) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| TETANUS | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| POLIO | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| MUMPS | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| MEASLES | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HEPATITIS B | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

NB IF YOU ARE UNCLEAR ABOUT ANY OF THE ABOVE ANSWERS, YOU MAY WISH TO CONSULT YOUR DOCTOR. HAVE YOU LIVED OUTSIDE THE UK FOR A PERIOD LONGER THAN 6 MONTHS WITHIN THE LAST 5 YEARS? IF YES – PLEASE GIVE DETAILS BELOW WHICH COUNTRY

HAVE YOU SUFFERED FROM ANY FORM OF MENTAL ILLNESS? YES NO

IF YES PLEASE GIVE DETAILS BELOW:

DECLARATION

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL MY ANSWERS TO THE ABOVE QUESTIONS ARE CORRECT.

Name: Signature: Date:

AM CARE SERVICES

NEXT OF KIN

Name:	
Address	
Telephone Number:	
Email:	

BANK DETAILS

Name of bank:	
Account holders name:	
Address:	
Sort Code	
Account Number	

PLEASE COMPLETE THIS FORM LEGIBLY AND RETURN IT ON OR BEFORE THE CLOSING DATE. ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED BY THE MANAGER.

PLEASE RETURN THE COMPLETED APPLICATION TO:

AM CARE SERVICES OLYMPIC HOUSE
28-42 CLEMENTS ROAD
ILFORD, ESSEX, IG1 1BA

SUPPLEMENTRY SHEET

Any other relevant information