





Providing Amazing Hands For

Amazing Care

AMAZIN CARE - APPLICATION FORM

Please return to: -  
 AMAZIN CARE LTD  
 Unit 8 Freeland Way, Slade Green Rd, Erith DA8 2LQ  
 Email; [info@amazincare.co.uk](mailto:info@amazincare.co.uk)  
 Tel; 01322331960

<b>Title:</b> (Mr/Mrs/Miss/Ms/Other)	
<b>Forename:</b>	
<b>Surname:</b>	
<b>Address:</b>	
	<b>Postcode :</b>
<b>Landline:</b>	
<b>Mobile:</b>	
Email Address:	
National Insurance Number:	
Date of Birth:	
Place of Birth:	
Nationality:	
Full UK driving license:	YES / NO
Do you have use of a car:	YES / NO
<b>Non-British and Non-EU Nationals only:</b>	<b>Do you have immigration permission to work in the UK?</b>
<b>Country of Origin:</b>	YES / NO
<b>Required by Asylum and Immigration Act</b>	
Date of entry into UK: / /	Type of Visa permitting work in UK:
Expiry date of Visa: / /	
<b>EMERGENCY CONTACT: Name</b>	

<b>Relationship to applicant</b>	
<b>Telephone Number/s</b>	

**EMPLOYMENT HISTORY**

Please enter below a FULL and complete employment history since leaving school, If you have a CV please attach with application form. For all periods when you were not employed, please give dates and state what you were doing for such periods.

<b>Dates From:</b>	<b>To:</b>	<b>Company and Location</b>	<b>Job Title</b>

Please use continuation sheet if necessary.

Details, of school/ college/ attended, results and dates of any examinations taken/Trainings. Please bring relevant Certificates along to the interview.

<b>Names of School/College</b>	<b>Results and dates of any examinations taken/Trainings</b>

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## **SUPPORTING INFORMATION**

*In this section we want to know your reasons for applying for the role of a support worker. This can include relevant skills, knowledge, experience, voluntary activities and training etc. Please continue on a separate sheet if required.*

Why are you interested in a support worker role?

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What skills and attributes do you think you can bring to this Organization?

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**RE-ENGAGEMENT HEALTH QUESTIONNAIRE**

Position applied for: **Care Assistant Worker**

Tasks associated with this job may include:

Manual handling of Service Users	YES	Lone working	YES
Night work	YES	Handling and preparing food	YES

**Health and Disability**

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

1. Do you have any health issues or a relevant disability which may make it difficult for you to carry out functions which are essential for the role you seek?

**Yes / No** (please delete clearly as appropriate)

If **Yes**, please specify .....

2. If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview?

Please specify: .....

3. Have you visited West Africa in the last 3 weeks?

**Yes / No** If **Yes**, please specify.....

**Signed:**

**Date:**

**LANGUAGES**

Languages (other than English) : \_\_\_\_\_ SPOKEN / FLUENT / WRITTEN / READ  
: \_\_\_\_\_ SPOKEN / FLUENT / WRITTEN / READ  
: \_\_\_\_\_ SPOKEN / FLUENT / WRITTEN / READ  
: \_\_\_\_\_ SPOKEN / FLUENT / WRITTEN / READ

**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 registration with us:

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO START WORK FROM: \_\_\_\_\_

#### REFERENCES

Please provide details of 2 referees who we may approach with regards to this application. These referees **must not be a member of your family**, and **one MUST be your present or most recent employer**:

Name / Title:	Full Address:	Other contact details:	Dates worked:
		Tel:	From:
		Fax:	To:
		Email:	
		Tel:	From:
		Fax:	To:
		Email:	

To progress your registration with **AMAZIN CARE LTD** there follows a number of declarations, each to be completed, signed and dated.

#### Disclosure of Employment History Declaration

Have you ever...  
Received a Formal Verbal Warning? YES / NO  
Received a Written Warning? YES / NO  
Received a Final Warning? YES / NO  
Been Dismissed? YES / NO  
Been subject to disciplinary action? YES / NO

If YES to any of the above, please supply details.

I will inform AMAZIN Care promptly of any incident of the type listed above occurring at any time from the date of this form, until my registration with AMAZIN Care ceases.

Signature:

Date:

### Working Time Directive

I (name) agree that I may work for more than an average of 48 hours a week. This includes hours worked for **all employers** in a given week. All work offered may be accepted or rejected as I see fit.

**Signature:**

**Date:**

### Data Protection Act – My data

I understand that AMAZIN CARE may hold data about me, whether obtained directly from me or from other sources, and that some of this data may be sensitive. This data may be held indefinitely, and I give my permission for this

data to be disclosed to third parties in the course of seeking employment or training for me. In particular

I understand that all data held about me by AMAZIN CARE may be subject to inspection as required by the Care Standards Act 2000.

**Signature:**

**Date:**

### Data Protection Act

Through AMAZIN Care I will have access to confidential information. This may include business information (e.g. documents) and personal details (e.g. names, addresses and other details of vulnerable people). Much of this data is protected by the

Data Protection Act. I promise the following:

- I will keep all such information safe and secure
- I will use the information only for the purpose for which it was supplied
- I will not remove any confidential information from any Client, Service User or AMAZIN Care premises without appropriate permission
- I will not share this information with anyone else, except when this is required in the course of my work.
- For the avoidance of doubt, I will not share this information with co-workers, except when it is required to perform the work
- I understand that if in doubt I should contact the office for advice.

I agree that any breach of the above conditions by me (or by any unauthorised third party to whom I release the information) may result in legal proceedings against me, and these proceedings may include claims for the recovery of losses or damages incurred because of the loss of confidentiality.

**Signature:**

**Date:**

### Disclosure and Barring Service (DBS) Certificate

The position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, so we are entitled to ask Exempted Questions as defined by Section 113(5) of *The Police Act 1997* about you. We are required by *The Domiciliary Care Agencies Regulations 2002* to acquire a DBS Certificate in relation to any person who is a Care Manager or Domiciliary Care Worker. If your application is successful we will need to see an Enhanced Disclosure Certificate from the Disclosure and Barring Service (DBS) relating to you, or an update to your DBS Certificate, before your appointment is confirmed.

Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences.

We observe the *“Code of Practice for Registered Persons and Other Recipients of Disclosure Information”*, and we will provide you with a copy of it upon request.

The nature of the work placements offered by us means the terms of Section 4 part 2 of the Rehabilitation of Offenders act (1974) (exceptions) Order 1975, apply. You must declare here any convictions or cautions you have ever received, **even those which would normally be considered spent.**

Have you ever received a Criminal Conviction? **YES / NO** Have you ever received a Police Caution? **YES / NO** Are you, as far as you know, under investigation by the Police?

**YES / NO**

Do you have any Prosecutions Pending?

**YES / NO**

Has there ever been a suggestion that you are unsuitable to work with Vulnerable People? **YES / NO**

If you have answered **YES** to any of the above, please supply details in a sealed envelope marked: PRIVATE AND CONFIDENTIAL - FOR THE ATTENTION OF THE AMAZIN CARE MANAGER.

The information you give will be treated in confidence.

We follow the DBS Guidance – <https://www.gov.uk/dbs-check-requests-guidance-for-employers>

Please sign the following statement: I understand that my DBS Certificate information may be verified and may be shared with any Client considering employing me on a temporary or permanent basis.

**I will inform AMAZIN Care immediately if anything happens which would change my answers to the above questions.**

Signature:

Date:

**BANK DETAILS**

\*\* Please note, we cannot engage Care assistant worker as self-employed. \*\* Please give details of the bank account your pay should be sent to.

Bank:										
Branch and branch address:										
Building Society Roll Number (if applicable):										
Account name (usually your name):										
Account number:										
Sort code:										
Bank:										
I request AMAZIN CARE pay my earnings into the above bank or building society account. I understand that to change the account for payment, notice must be given <b>2 weeks</b> in advance of the change.	Signature:									
	Date:									

**Declaration by Applicant**

**ANY PERSON THAT IS DISCOVERED, AFTER REGISTRATION, TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED**

I have read and understood the information supplied to me in relation to registration. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I will inform AMAZIN Care immediately of any changes to my circumstances which may affect my suitability to work with vulnerable adults/children, including but not limited to, any new criminal convictions or cautions.

I give AMAZIN Care the right to follow up all references and to make any other enquiries as may be deemed necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please bring as many as you can of the following documents to your interview. Documents marked \* are necessary for your registration.**

Passport*	Passports are the base of our identity check. If you do not have a passport, please call before your interview date.
Visa If required*	Or other proof of eligibility to work in the UK
Driving license	Paper or photo-card if you have one.
Two proofs of address*	Recent, e.g. bank statement, utility bill. Driving license does not count unless under 3 months old.
Birth Certificate	
Marriage certificate etc.	We must see documents to prove changes of name.
Two photos*	Standard passport-type colour photos of yourself.
Cash, card or postal order for £60*	To pay for your DBS check if required.
Certificates	Original certificates for Qualifications or training
Gap evidence	Documentation verifying any gaps in your employment history
NI number	Proof of your National Insurance number, an original P45 or P60
Referees*	We will need at least two references. One reference must be from your last employer. Please bring the contact details for your referees, including the postal address. A mobile phone number is not sufficient.

**WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**

The sole criteria for selection of applicants will be suitability for registration, and ability to perform the relevant duties, regardless of age, gender, gender orientation, background, culture, ethnic denomination, religious affiliation, marital status  
or  
disability. This is in accordance with our declared *Equal Opportunities & Diversity Policy, No 106*



**Equal opportunities form:**

As part of your application you will be asked to complete an Equal Opportunities Monitoring Form. This form does not ask for your name and is separated from your application form immediately upon receipt.

Data from the Equal Opportunities form is used for statistical purposes only, to assess the success of our Equal Opportunities & Diversity Policy, and cannot affect the outcome of your application to register for work with us.

**Because your Equal Opportunities data is not linked to your record in any way, it may be that we will ask you to supply the information again on a similar form. This should not happen more than once a year.**

**EQUAL OPPORTUNITIES FORM**

AMAZIN Care operates an equal opportunity policy. To help us monitor the effectiveness of this policy please complete this form and return it with your application form. A statement of our equal opportunity policy is included in the recruitment pack.

**1) ETHNIC CATEGORY:** The following categories are based on those used in the 2001 census as recommended by the CRE. Please note the ethnic questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories indicated.

Please tick the box which best describes the ethnic category to which you belong:

White                      British                                       Irish

Any other White background – please write in here: .....

Mixed                      White and Black Caribbean                       White and Asia

White and Black African

Any other mixed background – please write in here: .....

Asian or  
Asian British                      Indian                                       Pakistani

Bangladeshi

Any other Asian background – please write in here: .....

Black or  
Black British                      Black Caribbean                                       Black African

Any other Black background – please write in here: .....

Chinese or                      Chinese                                       Chinese British  Chinese British

Any other Chinese background – please write in here: .....

Any other ethnic background – please write in here: .....

**2) GENDER:** PLEASE TICK APPROPRIATE BOX: Male [ ] Female [ ]

**3) DISABILITY:** Please state if you have any long-term physical or mental condition that affects your ability to carry out day-to-day activities. (Advice can be obtained from the Disability Rights Commission 08457 622 633)  
Yes [ ] No [ ]

**4) AGE:** Please state your age & date of birth Age [ ] Date of Birth ...../...../.....

(DD/MM/YY)

**5) RELIGION:** Please state your religion .....

Equal Opportunities Monitoring Form

Declaration of Health & Medical Fitness

**CONFIDENTIAL MEDICAL QUESTIONNAIRE**

CARER DETAILS		
Last Name:		Forename(s):
Address:		Date of Birth:
		Tel. No:
GP Name & Address:		
<i>A: Do you have, or have you ever suffered from, the following:</i>		
CONDITION	NO	YES – please add detail
Typhoid Fever / Paratyphoid Fever? Enteric Fever?		
Salmonella Infection?		
Diarrhoea / Vomiting for more than 2 days within the last 3 months?		
Frequent Infections of the Upper Respiratory Tract e.g. Colds, Sinusitis, Sore Throat, etc.?		
Severe Chest conditions, such as chronic Bronchitis with Phlegm, Pleurisy, TB (Tuberculosis?)		

Discharge from the Ear / Eyes / Nose?		
Problems with the Heart and / or Circulatory System, such as Angina, Abnormal Blood Pressure, Anaemia?		
Problems with Sight or Hearing, such as Colour Blindness, Hard of Hearing?		
Skin Rash / Eczema / Dermatitis / other Skin Disease?		
Recurrent Boils / Styes / Septic Fingers?		
Fits or Blackouts?		
Migraines and other Severe Headaches?		
Mental Health problems, such as Stress, Hypertension, Addictions, Depression or Anxiety Attacks?		

Equal Opportunities Monitoring Form

***B: Other Health-related items***

<b>CONDITION</b>	<b>NO</b>	<b>YES – please add detail</b>
Have you been an in-patient or out-patient at a hospital within the last 5 years?		
Have you had treatment for any condition relating to the abuse or misuse of alcohol or drugs within the last 5 years?		
Do you regularly take any type of prescription medication?		
Have you ever suffered from a back strain, slipped disc, or other conditions of the back, joints or ligaments?		
Are you registered disabled?		
Have you ever been refused a Drivers' License through health reasons?		
Have you ever had medical insurance refused, or offered subject to special conditions?		

Have you ever been refused employment, or had your employment terminated for health reasons?		
Are you prepared to undergo a medical examination?	YES / NO	
Do you give your consent for us to contact your GP?	YES / NO	
<p><i>Any other relevant information:</i></p> <p>I confirm that the answers to these questions are true and accurate to the best of my belief and knowledge.</p> <p><i>Signature:</i> _____ <i>Full Name :</i> _____ <i>Date:</i> _____</p> <p style="text-align: center;"><i>(Please PRINT)</i></p>		
<p><i>OFFICE USE: THIS FORM REVIEWED BY</i></p> <p><i>Signature:</i> _____ <i>Name :</i> _____ <i>Date:</i> _____</p>		

Equal Opportunities Monitoring Form