



Amber Home Carers
51A Sheen Lane
East Sheen
London
SW14 8AB
0208 563 8209

PLEASE COMPLETE FULLY AND IN CAPITALS.

Surname:	First name(s):
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	Date Of Birth:
Mobile Number:	Email:
Telephone Number (home):	Telephone number (work - <i>will be used with discretion</i>):
Current address:	Post code:
Moved to this address on (date):	Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.
Previous address:	Post code: Moved to this address on (date):
National insurance number:	
Do you hold a full current driving license (Yes/ No):	Do you have any current Endorsements (Yes / No):
Own Transport (Yes/No):	
Position applied for:	Full-time / part-time:

Days/ Nights/Mornings/Afternoons/Evenings/
Weekends only

Approx. no. of hours wanted:

EDUCATION

School/College/University	Examinations Passed/Qualifications gained

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes

SHORT COURSES ATTENDED

Subjects	Location

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EMPLOYMENT HISTORY

Current/ most recent first (Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).)

Name and Address of the most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary/ Rate:	

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Nature of business:	
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Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary/ Rate:	
Other roles (use additional sheet)	

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

HEALTH DETAILS

<p>Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying?</p> <p style="text-align: center;">Yes / No</p>	
<p style="text-align: center;">If yes, please give details:</p>	
<p style="text-align: center;">What adjustments (if any) need to be made to the working environment to accommodate your disability?</p>	
<p style="text-align: center;">Please give details of <i>all</i> absences from work in the last 12 months, except holidays:</p>	
<p style="text-align: center;">Please give details of any illnesses/accidents/injuries in the last 2 years:</p>	
GP's name:	

Tel no:	
Address:	
<i>(Your GP will not be contacted without your permission)</i>	

NEXT OF KIN

Full name	
Relationship	
Tel No	
Address:	

Full name	
Relationship	
Tel No	
Address:	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number:	(Nurses only)
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CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No:
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No:

Note: Minimum age legislation dictates that care workers in general must be 16 years old or older.

Please inform your interviewer immediately if you do not meet these specifications.

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent Employer

Name:	
Address:	
Post code:	
Tel No & Email Address:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No & Email Address:	
Job title:	

Character reference

Name:	
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Address:	
Post code:	
Tel No & Email Address:	
Relationship to you:	

CRIMINAL RECORD

Workers of the Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the CRB. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

You will not be eligible for work in a care setting if you are on the ISA Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my ISA Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the CRB. I understand that until a satisfactory response is received from the CRB, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise the organisation to request an ISA Register check and a criminal records check from the CRB, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my ISA.

Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Signed: _____ Date: _____

BANK DETAILS

Name of Bank:	Bank Account Number:
Name of Account Holder:	Bank Account Sort Code:

For Office Use Only

NMDS

Nationality	
Date of Birth	
Year of Entry to UK	
Disability Status	
Induction Status	
Recruitment Source	
Year Stated in sector	
Continuity Sector	
Employment Status	
Working arrangement	
Main job role	
Contractable hours	
Highest Qualification Held	
Highest Qualification in progress	
State Date	

Amber Home Carers Representative Name& Signature:

Applicant Signature:

Date:

Equal Opportunities at Amber Home Carers

Amber Home Carers is committed to equal opportunities for all. This means that everyone that we employ or who works for us has the same opportunities, whatever their gender, marital status, race, colour, nationality, ethnic origin, age or disability.

We need to ensure that our policy is working in practice and, to help us, we ask you to provide the following information about yourself. Should you be successful in your application for employment, this information will be transferred onto a confidential file that holds records of all the people working for Amber Home Carers. The information provided will be kept separate from this application form and will be used solely for monitoring purposes. It does not form part of the selection process.

Position applied for:	Ethnic Origin
Date of Birth: Place of Birth: Gender: Male/Female Nationality: Religion:	Asian (Bangladeshi) <input type="checkbox"/> Asia (Chinese) <input type="checkbox"/> Asian (Indian) <input type="checkbox"/> Asian (UK) <input type="checkbox"/> Asian (Pakistani) <input type="checkbox"/> Other Asian (please specify):
Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other (please specify):	Black (African) <input type="checkbox"/> Black (UK) <input type="checkbox"/> Black (Caribbean) <input type="checkbox"/> Other Black (please specify):
I do <input type="checkbox"/> do not <input type="checkbox"/> have a disability The effect of my disability to carry out day-to-day activities is:	White (Irish) <input type="checkbox"/> White (UK) <input type="checkbox"/> White (European) <input type="checkbox"/> Other White (please specify):
	None of the above (please specify):

Signature:

Date: