



APPLICATION FOR LIVE-IN EMPLOYMENT

For more information please visit www.amyadamshomecare.co.uk

You MUST provide the following at interview. Applicants without this documentation may have their application rejected

- 1) Two forms of identification. Preferably your passport and driving licence
- 2) An 'official letter with YOUR name and address on it (e.g. Phone Bill/Bank Statement)
- 3) Proof of 'Right to Work in the UK (if you do not hold an EU passport)

Your surnameTitle (Mr/Mrs/Miss etc.)

Your forenames

Your address

.....Postcode

Previous surname (if any)

Home telephone Mobile

Email address Religion

National Insurance Number

Date of Birth Nationality

Passport Number issue date..... Expiry date.....

Are you a car owner? Yes / No Is your car taxed, MOT tested and insured Yes / No

Driving licence number Date of Birth on Driving Licence

Licence type **Paper /Photo card** (delete as applicable) Licence valid from (date)

Country of issue UK / others (delete as applicable). If not UK specify

If you are not an EU citizen/passport holder are you currently entitled to work in the UK Yes/No

OFFICE USE ONLY

Additional ID?

Availability for training

Available for work

Action



Part One: Relevant courses or education

Name of school or college	Name of courses	When completed	Do you have a certificate?

Part Two: Availability

This availability will form the basis of any employment offer and if you are accepted forms a commitment on your part.

	Tick here
Three weeks on, one week off	
Five weeks on, one week off	
Occasional work Maximum number of weeks	
Permanent	
Others (please specify)	

If you are successful in this application when would you be available to start work?

.....

Do you have experience of cooking	Give details of types of food
Have you ever managed the running of a house?	Give details
Are you happy to work in a home with domestic pets? (Dogs, cats, etc.)	



Part Three: Employment History

Are you currently employed? **Yes / No**

Important Note: You must include **ALL** your previous jobs. Any gaps in employment must be explained.

Employer's name & address	Your job title	From (month & year)	To (month & year)	Reason for leaving
Current or last employer				
Previous 1				
Previous 2				
Previous 3				
Previous 4				
Previous 5				
Previous 6				
Previous 7				
All other previous employment Continue on separate sheet if necessary.				



Part Four: Rehabilitation of Offenders Act

The provisions of the above Act and its subsequent amendments state that convictions which are normally deemed as 'spent' do not apply in cases where employment involves vulnerable people. Therefore your answer to this question should include ANY 'spent' conviction.

Have you ever been cautioned or convicted of any criminal offence? **YES / NO** Delete as appropriate if 'Yes' give details here:

--

Do you smoke? (If YES how many per day)	
Would you find a Customer smoking in your presence acceptable?	YES /NO
Do you drink alcohol (if so, how many units per week?) 1 unit equals 1 glass wine 1.5 pint of beer / 1 spirit)	

Part Five: Experience

(If you have not assisted in healthcare before ignore this section and go direct to Part 6)

Type of Care	Tasks you have performed (e.g. washing, shaving etc.)
Moving and Handling people	
Personal care including bathing and toileting	
Cooking housekeeping and feeding	
Prompting medication	
General care	



--	--

Part Six: Declaration of Health

Please tick whether you have / have not had any of the following illnesses or complaints:

<i>Diagnosis or Complaint</i>	<i>Yes</i>	<i>No</i>	<i>Details, Dates, Treatments Any current treatment or medication</i>
Circulation, heart, blood pressure			
Respiration, asthma, bronchitis			
Have you ever had a fit?			
Depression or mental illness			
Complaint of the digestion or bowel			
Leg ulcers or varicose veins			
Do you suffer, or have you ever suffered, from any form of back trouble?			
Muscular complaint, rheumatism or arthritis			
Have you been involved in any accident that require medical intervention in last 5 years?			
Have you had any operation in the last five years?			
Have you ever lost consciousness unexpectedly?			
Are you diabetic?			
To your knowledge are you likely to have any communicable disease?			
Have you ever been refused a driving licence or had one withdrawn on health grounds?			
Is there any reason why doing this job may prejudice your health?			
Have you been away from work because of illness in the last year?			
Is there any reason why you may not be able to carry out the duties of a care worker?			
Please state current vaccinations (please delete those which you do not have)			TB/BCG MMR Tetanus Hepatitis B Influenza
Is there any additional medical information which is relevant to your application?			
Are you fit to work as a Care Worker for Amy Adams Homecare (UK)?			



Part Seven: References

We need to have details of two people who can give you a reference. One should be your present or previous employer and one should be someone who knows you in a professional capacity (not a relative).

Please note: We do not request references until after the interview (an offer of employment is subject to satisfactory references)

<p>Reference 1 (Your current employer. If you are unemployed you may enter your most recent past employer and write 'Currently Unemployed'. <u>No other is acceptable</u>) Name, address and post code</p>	<p>Referee's job title</p> <p>Telephone number</p> <p>By providing this referee you are giving your permission for us to contact them about your suitability for the role</p>
<p>Reference 2 Name, address and post code</p>	<p>How do you know this person?</p> <p>.....</p> <p>Referee's job title (if applicable)</p> <p>Telephone number</p> <p>By providing this reference you are giving your permission for us to contact them about your suitability for the role.</p>
<p>Is there any additional information which may affect your application? YES/NO If 'YES' give details here:</p>	

STATEMENT

I hereby declare that the information given throughout this form and in any verbal statement is accurate and complete and that no material facts have been withheld. I conform that this is a genuine application for work and that if I am selected I am available for work at the times stated within this form and that I will abide by the regulations and contractual requirements of Amy Adams Homecare (UK).

Signature Date



When you have completed this form please return it in the stamped addressed envelope to Amy Adams Homecare (UK), 25 Moffat Road, Thornton Heath, Surrey, CR7 8PY.

Please note that Amy Adams Homecare (UK) is an equal opportunities employer