



EMPLOYMENT APPLICATION FORM

1. Personal Information

Surname: Title:

First Name(s) Marital Status:

Nationality: Religion:

Country of Birth: Date of Birth:

Home Address:

Post Code: Home Tel.:
Mobile:

Email address:

Present Address (if different from above)

Details of Next of Kin:

Name: Relationship:

Address:

Post Code: Telephone No.:

2. Languages

On what basis are you eligible to work in the United Kingdom?

What is your native language?

Any other languages spoken:

To be completed if English is NOT your native language.

Please state you current level of English:

Reading:	<input type="text"/>	Writing:	<input type="text"/>
Listening:	<input type="text"/>	Speaking:	<input type="text"/>

3. Criminal Convictions

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given.

This post is thus exempt from the Rehabilitation of Offenders Act and as such you are required to declare any previous convictions, cautions, bindovers or reprimand even if they are spent under the act. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of Amethyst Home Care, the offence is relevant to the post to which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

Do you have any criminal convictions in the UK or elsewhere? YES NO (Tick)

If yes, please list your criminal convictions and their dates:

4. Qualifications and Experience

Please give details of your higher education, vocational and professional qualifications (most recent first):

Qualification Awarded	Subject	Awarding Institution (Name, city and country)	Date From	Date To

Please give details of placements or work experience undertaken as part of your studies (most recent first):

Date From (Month/Year)	Date To (Month/Year)	Employer (Name, city and country)	Position	Main Duties

5. Employment History

Please give details of your employment history (current or most recent first):
 Please continue on a separate sheet if required.

Date From	Date To	Company (Name, city and country)	Position	Main Duties
Reason for Leaving:				
Reason for Leaving				
Reason for Leaving				

If applicable, please explain any gaps in your employment history:

Date From (Month/Year)	Date To (Month/Year)	Explanation

6. About You

Work preference:	Live-In	<input type="checkbox"/>	Long term	<input type="checkbox"/>	Short term	<input type="checkbox"/>
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	Yes	No
Do you have a valid UK Driving Licence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the use of a car?	<input type="checkbox"/>	<input type="checkbox"/>
Is your car insured for business use?	<input type="checkbox"/>	<input type="checkbox"/>

How do you rate yourself as a Cook?

Trained	<input type="checkbox"/>	Competent	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Poor	<input type="checkbox"/>
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We provide care for a range of individuals who may suffer from a range of disabilities. Please indicate which groups you would be comfortable caring for:

	Yes	No
Strokes	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Motor Neuron Disease	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>
Terminal Illness	<input type="checkbox"/>	<input type="checkbox"/>
Dementia or Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>

We provide all our carers with a comprehensive induction and training course regardless of previous caring experience. The tasks required by the carer will vary depending on the individual requiring care.

Please indicate below which tasks you would be comfortable carrying out after training:

	Yes	No
Care of the elderly	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care including assisting with washing, dressing	<input type="checkbox"/>	<input type="checkbox"/>
Care of clients suffering from loss of memory and concentration due to old age or dementia	<input type="checkbox"/>	<input type="checkbox"/>
Coping with Incontinence	<input type="checkbox"/>	<input type="checkbox"/>
Care for men on their own	<input type="checkbox"/>	<input type="checkbox"/>
Care for women on their own	<input type="checkbox"/>	<input type="checkbox"/>
Care for couples	<input type="checkbox"/>	<input type="checkbox"/>
Shopping and managing a simple budget	<input type="checkbox"/>	<input type="checkbox"/>
Care of family pets (cats, dogs, caged birds) & potted plants.	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you will have to undertake housekeeping & cooking in addition to caring for the client(s)?	<input type="checkbox"/>	<input type="checkbox"/>

What are your hobbies and interests?

7. Statement of Motivation

Please provide a detailed statement explaining why you wish to work as a Home Care Carer and what you believe you can offer as a member of Care staff for Amethyst Home Care Limited.

A large, empty rectangular box with a black border, intended for the applicant to provide a detailed statement explaining why they wish to work as a Home Care Carer and what they believe they can offer as a member of Care staff for Amethyst Home Care Limited.

8. Referees

Please provide us with the names of two people we can contact in respect of your application.
Referee 1 must be your current or most recent employer.
Please note references will only be requested if your application is successful.

Referee 1

Referee 2

Name:

Name:

Address:

Address:

Post Code:

Post Code:

Company:

Company:

Position:

Position:

Telephone No.:

Telephone No. :

Relationship to Applicant

Relationship to Applicant :

9. Medical Declaration

Do you, or have you ever suffered from	Yes/No	Details
Asthma, bronchitis, persistent cough or other chest condition		
Shortness of breath, palpitation, high blood pressure or any heart condition		
Rheumatic fever or rheumatism		
Persistent indigestion, ulcer other stomach bowel problem, gall stones or jaundice		
Bladder or kidney trouble or stones		
Varicose veins, phlebitis or piles		
Hernia (rupture)		
Fits, faints, depression, anxiety state or nervous breakdown		
Headache or migraine		
Any disorder of the eyes, ears, nose or throat		
Any disease of the nervous system		
Arthritis, backache or disc trouble		
Skin disease or dermatitis		
Diabetes		
Eyesight problems or visual disturbances not corrected by glasses or contact lenses		
Hearing impairment requiring assistance or special equipment at work		
Allergies to dusts, chemicals, foods, drugs or other substances		

Do you have, or are you a carrier of:	Yes/No	Details
Hepatitis A/B/C		
HIV or AIDS		
Tropical disease e.g. malaria, typhoid etc.		
Tuberculosis		
Persistent MRSA		

How many days' sickness or absence have you taken in the past year? day(s)

If there are there any other medical conditions or illness that may affect your employment please give details below:

Data Protection Statement

The information that you provide on this form and on any CV given will be used by Amethyst Home Care Limited to provide you Home Care work. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law. The data you provide will be stored and/or destroyed in compliance with the Data Protection Act 1998 and the associated Codes of Practice, and will be treated as confidential.

Confidentiality

I understand that during any assignment with, or arranged by Amethyst Home Care Limited, I may have access to confidential data and records belonging to Amethyst Home Care Limited or to its clients, of both a business and personal nature. I will not disclose or use any business or personal information, whether identified as "Confidential" or not, to anyone else; either during or after any assignments with or arranged by Amethyst Home Care Limited.

Declaration

I hereby declare that the answers on this form are accurate to the best of my knowledge. I also declare that I believe I am mentally and physically fit to undertake the duties of this post.

I declare that the information that I have given in the Criminal Record declaration is to the best of my knowledge correct and understand that at any time in the future if information is found to be false any contract of employment I have with Amethyst Home Care Limited may be terminated.

I understand that giving false or withholding information could affect the terms of my contract, and the Company reserves the right to take disciplinary action, which could lead to dismissal, if any declaration proves to be incorrect or untrue.

Signature: [] Date: []

Print Name: []