

## STAFF APPLICATION FORM

Post Applied For: _____	Where did you hear of the Vacancy: _____
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### PERSONAL DETAILS

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

National Insurance No: \_\_\_\_\_

### QUALIFICATIONS

Name of Establishment	Day and Exam Taken	Qualification Gained

Continue on separate sheet of paper if necessary

## TRAINING COURSES

Course	Training Body	Date Gained
Health and Safety		
First Aid		
Moving and Handling		
Infection Control		
Food Hygiene (HACCP)		
POVA / SOVA		
COSSH		
Fire Training		

## EMPLOYMENT RECORD (Starting with present/last job)

Date From - To	Name and Address Of Employer	Position Held	Reason for Leaving

Continue on separate sheet of paper if necessary

<p>How will you get to work if offered the post?</p>
<p>Reason for applying for this post and please state why you believe that you are suitable for this position:</p>

Amna Care Domiciliary Ltd

Registered Office: 2b Rekendyke Ind Estate, South Shields, Tyne & Wear, NE33 5BZ

Registered in England No: 10265390 Tel: 0191 4326460 Fax: 0191 4324622



**AVAILABILITY**

Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Either	<input type="checkbox"/>
Days Only	<input type="checkbox"/>	Nights Only	<input type="checkbox"/>	Days or Night	<input type="checkbox"/>
Weekends Only	<input type="checkbox"/>	Weekends Only	<input type="checkbox"/>	Flexible	<input type="checkbox"/>
When are you available to start work?					

**CRIMINAL RECORD CHECK**

Because of the nature of the work involved , the position you are applying for is exempt from the provisions of Section 4(2) of the Criminal Offenders Act 1974 (exceptions) Order 1975. You are therefore not entitled to withhold information about convictions which for other purposes as “spent” under the provisions of the Act. In the event that your services as an employee are retained by Amna Care Domiciliary Ltd, any failure to disclose such convictions, however long ago they occurred, could result in termination by the Company. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

Do you have any convictions to disclose? Yes / No  
If Yes, please provide full details about the date of the conviction(s) and the offence(s) involved

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**ELIGIBILITY TO WORK IN THE UK**

Do you have permission to work in th UK? YES / NO (Please Circle)  
 Do you have permission to work in th UK? YES / NO (Please Circle)  
 Do you have permission to work in th UK? YES / NO (Please Circle)

In line with Home Office regulations on the prevention of illegal working, we will need a copy of your original ID Documentation to verify your right to work in the UK.

**MRSA DISCLAIMER**

I confirm, to the best of my knowledge, I am clear from MRSA at present.

Should I come into any contact or have any suspicion that I have come into contact with MRSA, I will inform Amna Care Domiciliary Ltd

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## REFEREES

<p>Please provide the name and address of two people who will provide a reference for you. We would prefer one to be your current employer, but if this is not convenient for you, you may give the details of your previous employer. Relatives or colleagues cannot be used as a reference.</p>		
Name:	Name:	Name:
Address:	Address:	Address:
Job Title:	Job Title:	Job Title:
Telephone:	Telephone:	Telephone:
Email Address:	Email Address:	Email Address:

Please continue on separate sheet of paper if necessary...

## DATA PROTECTION

<p>The information that you provide on this form and give at Interview will be used by Amna Care Domiciliary Ltd to provide you with suitable work opportunities. In completing this form, you agree to your information being added to our database and consent to us transferring your personal details to our Clients. We may also use or pass this information to certain third parties to detect crime, to protect public funds, or any other way permitted by law.</p>
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The information given on this application form is true, to the best of my knowledge, if not I understand that my contract with Amna Care Domiciliary Ltd will be terminated. I do consent to my information being added to the Amna Care Domiciliary Database. If during the course of temporary assignment I am offered a permanent position by the Client, Amna Care Domiciliary Ltd will be entitled to charge an introduction/transfer fee or to agree an extension of the employment for six months, after which I may be employed by the client without any further charge to either party.

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