

# AMBA 24 CARE

## APPLICATION FORM

1.

Position applied for	
Date available to take up employment	
Salary expectations	

2. Prepared for work

Full time		Part time		Shift work	
-----------	--	-----------	--	------------	--

3. Personal details

Full name (Including Title)					
Address					
Telephone numbers	Home				
	Mobile				
Email address					
NI Number					
Do you own a car?		Have a current licence?			
If yes, licence type					
Driving licence number					
Do you have any current driving convictions	YES / NO	If yes, give details including dates			

# AMBA 24 CARE

## 4. Languages

Do you speak or read a foreign language?	YES / NO
If yes, give details	

## 5. Secondary education

School name and address	Examinations (subject, result, etc.)

## 6. Further education and training

University/College	Type of course	Subjects	Qualification or class of degree

## 7. Occupational qualifications

College/Institute or other name	Qualification/Level

## 8. Membership of professional body/ REGISTRATION / PIN NUMBER

Name	Level
------	-------

# AMBA 24 CARE


## 9. Previous employment

A full work history is required explaining any gaps in employment.

Present/last employer				
Address				
Job title				
Duties/responsibilities				
Reason for leaving				
Employers name & address	Job title	From (month & year)	To (month & year)	Reason for leaving

# AMBA 24 CARE

--	--	--	--	--

## 10. Permission to work in the UK

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?	
If you are successful in your application would you require permission to work in the UK?	

## 11. Next of kin

Emergency contact name	
Relationship to you	
Contact number	
Emergency contact name	
Relationship to you	
Contact number	

# AMBA 24 CARE

## 12. Referees

Work reference 1 (most recent employer) – not members of your own family	
Name	
Address	
Organisation	
Occupation	
Telephone number	
Email address	
Work reference 2 – not members of your own family	
Name	
Address	
Organisation	
Occupation	
Telephone number	
Email address	

**The Data Protection Act 1998** requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, at Amba 24 we adopt a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Amba 24 .

Please tick to show your agreement to this.

Date of previous application	
Previous position applied for	
Did the application go through to interview	YES / NO
If yes, what was the outcome	

# AMBA 24 CARE

## **Criminal Record Check**

I have completed an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name.....

Signature.....Date.....

## **Working with us**

It is our policy at Amba 24 to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise Amba 24 to obtain references to support this application once an offer has been made and accepted and release Amba 24 and referees from any liability caused by giving and receiving information.

## **DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name.....

Signature.....Date.....

Please complete the additional form: equal opportunities monitoring form  
*You are under no obligation to complete the above mentioned additional form*

# AMBA 24 CARE

**Interview Notes** (Internal Use Only)

**Consultant:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

# AMBA 24 CARE