

Application Pack

Name: _____

PHOTO:



Please tick your job field:



Post Applying for:

Personal Details

Title

Surname

Forename

Middle Name(s)

Any Previous Names

Dates (Months & Years)

National Insurance Number

Home Phone Number

Mobile Phone Number

Email Address

Do you require a work permit in the UK?

Next of Kin

Next of Kin contact number

5 year address history required

Previous Address

Postcode

(Time at Address From/To: Months & Years)

Postcode

(Time at Address From/To: Months & Years)

Previous Address

Previous Address

Postcode

(Time at Address From/To: Months & Years)

Postcode

(Time at Address From/To: Months & Years)

Experience Questionnaire

To enable us to assess your experience could you please TICK the appropriate	YES	NO
Experience of working in hospitals		
Sheltered accommodation		
Supporting clients with challenging behaviour		
Sexualised behaviours		
Single occupancy residential		
Nursing/residential homes		
E.M.I units		
Learning disabilities services		
Mental health services		
Residential children's homes		
Caring for the terminally ill		
Secure units		
Youth offending services		
Children with learning disabilities		
Experience of spinal injury care		
Experience of acquired brain injury care		
Stroke patient care		

To support your application and the role in which you have applied for:-
 Please provide any other experience of services which you think would be informative and support your application - specify below:

Education & Professional Qualifications

School / College / University / Work Name	Date (s) From & To:	Course Title	Qualification Gained

For Nurses and Theatre Practitioners only

Full name as appears on register:		NMC / HPC Number:	
Renewal Date:			

Key Skills (Please tell us about any relevant skills that will support your application)

Employment History and References

Please complete this section for the last 5 years worth of employment history and indicate any gaps. Please start with your most recent role.

Dates To & From:

Was there a gap in employment? Yes No (If YES go to box A, if NO go to box B)

Reason for Gap

A

Employer name & address (Including Postcode)

B

Referee Name:

Do you give permission to contact this referee?

Yes

No

Telephone:

Email:

Reason for leaving employer:

Dates To & From:

Was there a gap in employment? Yes No (If YES go to box A, if NO go to box B)

Reason for Gap

A

Employer name & address (Including Postcode)

B

Referee Name:

Do you give permission to contact this referee?

Yes

No

Telephone:

Email:

Reason for leaving employer:

Dates To & From:

Was there a gap in employment? Yes No (If YES go to box A, if NO go to box B)

Reason for Gap

A

Employer name & address (Including Postcode)

B

Referee Name:

Do you give permission to contact this referee?

Yes

No

Telephone:

Email:

Reason for leaving employer:

Dates To & From:

Was there a gap in employment? Yes No (If YES go to box A, if NO go to box B)

Reason for Gap

A

Employer name & address (Including Postcode)

B

Referee Name:

Do you give permission to contact this referee?

Yes

No

Telephone:

Email:

Reason for leaving employer:

Please note, all applicants are required to undertake criminal record & other checks if successful



Additional information

Do you have a portable enhanced valid DBS check?

YES

NO

Certificate Number:

Please tick ✓ and complete

Rehabilitation of Offenders Act 1974

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013

The position you are applying for has been identified as being an 'eligible position' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 [the Exceptions Order] and, in certain circumstances, the Police Act 1997. As such, it meets the eligibility criteria for an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).

An enhanced DBS disclosure certificate contains information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended). Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for

Please be aware that the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 (S.I. 2013/1198) made amendment to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 to provide that certain spent convictions and cautions will become protected when specific conditions are met. Protected convictions and cautions will not be disclosed in a DBS check, and employers cannot ask for information about protected convictions or cautions, or take these into account when considering you for appointment.

Before you complete the question(s) below please read guidance and criteria for the filtering of these convictions and cautions which can be found on the Disclosure and Barring Service website at:

www.gov.uk/government/organisations/disclosure-and-barring-service

Where the position has, in addition, been identified as a regulated activity under the Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedoms Act 2012) an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - see notes above. You are also not required to tell us about parking offences.

Are you currently bound over or do you have any 'unspent' convictions or cautions (including reprimands or warnings) that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?

YES

NO

Please tick ✓

If you have ticked YES please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a Court or Court-Martial in the United Kingdom or in any other country?

YES NO *Please tick ✓*

If you have ticked YES please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children?

YES NO

Please tick ✓

Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults?

YES NO

Please tick ✓

YES NO *Please tick ✓*

Have you ever been subject to any disciplinary investigations regarding safeguarding procedures of young people? If so please indicate and give further details.

Are you currently suspended from Duty with any other organisation?

YES NO



DBS Declaration Statement:



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DBS Declaration Statement:



Large empty rectangular box for the DBS Declaration Statement.

Disability Discrimination Act 1985

Amore Group offers a guaranteed interview to any applicant who considers him/ herself to be disabled and who meets the minimum essential requirements for the post.

Do you consider yourself to be disabled under the Disability Discrimination Act?: YES NO
Please tick ✓

Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job? YES NO
Please tick ✓

If you ticked YES please indicate below

Additional Information

Do you hold a current UK valid driving licence? YES NO
Please tick ✓

Do you own or have access to a vehicle? YES NO
Please tick ✓

Do you hold valid business insurance? YES NO
Please tick ✓

Please detail any other relevant information to support you application:

I certify that all information given on this application are true and correct to the best of my knowledge, I realise that if successful and it is found that such information and documents associated with the recruitment and selection process prove misleading or information withheld my application will be refused and any offer withdrawn.

Amore Group will be informed immediately if any accusations, warnings, reprimands are made against me.

Signature

Date

Print full name

Working Time Regulations

This is an optional agreement

If you choose not to sign this document, you are restricting your hours available to work to no more than 48 hours in any one week period.

If you choose to sign this declaration, Amore Group will not hold you to working more than 48 hours per week. It is your choice and at your personal discretion if you choose to work more or less than 48 hours.

I agree that I may work for more than an average of 48 hours per week.

I _____ agree that I may work for more than the average of 48 hours per week.

If I choose to change this agreement, I will give Amore Group one months notice in writing to end this agreement.

Signature

Date

Print full name

Student Declaration Form

Strictly confidential

UK Students: Please complete sections 1 and 3 - Overseas Students: Please complete sections 1, 2 and 3

Section 1 - All Students (please state if you are UK or Overseas student?)

Course

College/University Name

Section 2 - My permit allows me to work no more than _____ hours per week.

Section 3 - Please complete most relevant statement and sign.

I am allowed to work no more than _____ hours per week.

Signature _____

I am allowed to work outside term time only

Signature _____

I have no restrictions on my working hours/times

Signature _____

Signature

Date

Print full name

Data Protection

In order to comply with the terms of the Data Protection Act 1998 it is essential that you read, accept and sign the following declaration:

The company will hold personal data relating to you. Such data will include your registration form, references, address and telephone details, bank details, work history and sickness records, next of kin details, pay and remuneration details and other records (which may, where necessary include sensitive data relating to your health and data held for equal opportunity purposes). The company will hold such personal data for personnel administration and management purposes and to comply with its obligations with regard to the retention of your records. Your right to access such data is prescribed by law. By signing the contract you agree that the company may process personal data relating to you for personnel administration and management purposes and may, when necessary for those purposes, make such data available to advisors, third parties providing products and/or services to the company and as required by law.

I authorise Amore Group to take references and to give its clients relevant information relating to my employment details or this registration.

I confirm that to the best of my knowledge the information given on this form is correct. I understand that any misrepresentation or omission of any material fact or deception will be cause for immediate cancellation of assignments.

Please complete below after agreeing to the above statement.

Signature

Date

Print full name

