

PREVIOUS EMPLOYMENT (most recent first)				
Name and address of employer	Position held	Dates From	To	Reason for leaving

REFERENCES: Please give details of two professional persons who can provide references, one of whom should be your current or most recent employer.

Name:	1.	2.
Address:		
Telephone No:		
Email Address:		
Relationship:		
Please tick if we may take up references, if necessary, prior to interview	Yes	

PREVIOUS CONVICTIONS

Disclosure of convictions may not necessarily be a bar to a successful application. Your application is in respect of a position which involves the supervision of, or otherwise connected with, those occupations which are exempt from the Rehabilitation of Offenders Act 1974(amended). You are required to declare any convictions for criminal offences. You may provide details here or submit them on a Separate sheet in a sealed envelope, marked 'Confidential'.

DATA PROTECTION Act 1998

If you submit an application to register with AngyCare Ltd, you consent to AngyCare using the collected information to further your application. We will not Use it for any other purpose,

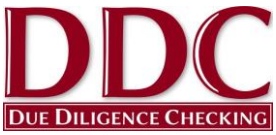
DECLARATION

In the event of your being successful in your application, failure to complete the application form accurately to the best of your knowledge May render you liable to action being taken against you under the Disciplinary Procedure with a possibility of dismissal.

The information provided in all parts of this application form is true and correct to the best of my knowledge.

Signed: Date:

Please return this form to: NO 8, Top Floor Wrotham Road, Gravesend, Kent DA11 0PA.
 Tel /Fax: 01474520097. Email:Info@angycareuk.com Website: www.angycareuk.com



The DBS require your current address and a **FULL 5 YEAR HISTORY** of where you have lived, with no gaps (overlaps are OK). All UK addresses must have a postcode, but overseas addresses need not have a postcode. If you have been travelling overseas, with no fixed address, write the word TRAVELLING on the first line, and then enter one of the countries visited. You are also required to enter the dates of your departure and arrival back in the UK

15 Current Address [Grid of 20 empty boxes]

16 Town/City [Grid of 20 empty boxes]

17 County [Grid of 20 empty boxes]

18 Postcode [Grid of 7 empty boxes] 19 Country [Grid of 3 empty boxes]

20 At address since [MMYYYY] 20A Tick here if this position involves working from the above address? []

21 1st Previous Address [Grid of 20 empty boxes]

22 Town/City [Grid of 20 empty boxes]

23 County [Grid of 20 empty boxes]

24 Postcode [Grid of 7 empty boxes] 25 Country [Grid of 3 empty boxes]

26 Dates at address From [MMYYYY] To [MMYYYY]

21a 2nd Previous Address [Grid of 20 empty boxes]

22a Town/City [Grid of 20 empty boxes]

23a County [Grid of 20 empty boxes]

24a Postcode [Grid of 7 empty boxes] 25a Country [Grid of 3 empty boxes]

26a Dates at address From [MMYYYY] To [MMYYYY]

21b 3rd Previous Address [Grid of 20 empty boxes]

22b Town/City [Grid of 20 empty boxes]

23b County [Grid of 20 empty boxes]

24b Postcode [Grid of 7 empty boxes] 25b Country [Grid of 3 empty boxes]

26b Dates at address From [MMYYYY] To [MMYYYY] If you have more previous addresses please provide them, with dates you lived there, on a Blank A4 Sheet

27 Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance? Yes [] No []

28 Declaration by the applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true. I also understand that knowingly to make a false statement for this purpose may be a criminal offence.

Applicant to sign within the box →

[Large empty box for signature]

29 Date of signature [DDMMYYYY]

Once your documents have been processed, we will post your original documentation back by Royal Mail's 'Tracked' Delivery'. This will require a signature upon delivery. If you are not available to sign for the package, Royal Mail will leave a delivery note for collection from your local depot. Royal Mail are able to make a 'Tracked Delivery' without requiring a signature. If you would prefer the 'non-signature' option, please tick here.

[] No signature upon delivery

DBS Disclosure Application Form

This is our DBS application form for Disclosure applications being submitted to the DBS electronically. The data will be transferred to our database for onward transmission to the DBS. Thirty days after your Disclosure is issued, the data will be deleted from our database. Only your contact details and date of birth will be retained, to facilitate any follow-up queries. This form will be archived securely for 6 years for audit purposes, then shredded and disposed of securely. This is in line with standard DBS practices.

1 Requesting Organisation

This is the employer/regulator/voluntary organisation which is asking you to apply for a DBS Disclosure

2 Role Description

This should give the DBS some idea what it is about the role that requires a Disclosure, so please include this if it is not obvious from the title, e.g. if you work in a care home don't just enter "Manager" but "Care Home Manager"

3 Title Mr Mrs Miss Ms Other

4 Surname

5 Forename(s)
 (Separated by a space)

* If your name at birth is the same as entered in **4** & **5** above, you can tick here and leave **4**, **5** & **6** blank if you prefer.

6 Surname at birth *

7 Forename(s) at birth
 - No "Nicknames"
 - Separated by a space

8 If applicable, when did you stop using your original surname?

Other names and dates these names were used (not name at birth or current name):

9a Surname

9a Forename(s)
 - No "Nicknames"
 - Separated by a space

9b Dates when used From To

10a Surname

10a Forename(s)
 - No "Nicknames"
 - Separated by a space

10b Dates when used From To If you have been known by more names, please write these with the dates they were used on a blank sheet of A4.

11 Date of Birth DD MM YYYY Gender Male Female

12 Town of birth

13 Country of birth

14 E-mail address
 (If you have one)

15 Telephone number(s) 1 **2**
 (You can be contacted on)

16 If you have a UK National Insurance number, what is it?

17 Do you have a valid UK drivers licence? Yes No

17a If the answer to 13 is "Yes", what is the number?

17b If the answer to 13 is "Yes", what type is it? Photo card Old style paper

17c If the answer to 13 is "Yes", what is the valid from date? DD MM YYYY

18 Do you have a valid Passport? Yes No

18a If the answer to 14 is "Yes", what is the number?

18b If the answer to 14 is "Yes", what is the issue date? DD MM YYYY

18c What is your nationality?

18d In which country was your passport issued?



Declaration

I confirm that I have read and understood the contents of the handbook including Angy Care Limited policies.

Name.....

Signature

Date.....

TERMINATION OF AGREEMENT

You are free to end your availability to work with ACL without notice.

ACL can terminate this agreement and remove you from the register if you.

Fail to achieve and maintain acceptance standards of conduct, attendance and performance.

If you do not undertake any work for ACL for a continuous period of 6 months, this agreement will automatically come to an end and you will be required to undergo the full registration process again with ACL.

Name.....

Signed

DATE.....

I hereby accept being placed on the ACL register subject to the terms and conditions outlined above and in accordance with my terms of agreement.

SIGNATURE.....

DATE.....

PRINT NAME



EQUAL OPPORTUNITIES POLICY

MONITORING CHECKLIST

ACL believes in the principle of equal opportunities in employment and pre-select applicants only on the basis of their qualities and experience. Our policy is to adhere whole heartedly to the laws as outlined in the Race relations Act 197 and sex discrimination Act 1975.

Name/Title:

Date of birth:

Gender: Male Female Other

Nationality:

Please tick category which you feel best describe your ethnic origin below

White	Black	Asian	Hispanic	Mixed	Other (Please Describe)
British	British	South Asian	Hispanic	White and Black Caribbean	
Irish	African	West Asian	Latin	White and Black African	
European	Caribbean	North Asian	Mixed	White and Asian	
Traveller	European	East Asian	Other	White and Hispanic	
Other	Other	Other		Other	

Please state any other languages you speak:

Disability

Do you consider yourself to have a disability that will affect your day to day activities?

Yes No

Pregnant

Do you consider yourself to be pregnant, and will affect your day to day activities?

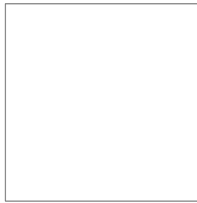
Yes

If yes, please states:

Next of kin: Full name.....Relationship.....

Address Tel:

Email:



INDUCTION INFORMATION

This information is prepared to improve our services and efficiency in meeting the standard of statutory obligations. As such failure to comply may lead to disciplinary action taken which may result in cancellation of your registration with Angy Care Limited (ACL).

1. Cancellation & Confirming Shifts

Shifts must be communicated through Angy Care. You will be called whenever a shift is available (if you have given your availability, as listed below). In the case of emergency please instruct someone to call ACL team to cancel a shift for you. ACL will call and send text at all times of available shifts, if you are available for the shift call us as the text message would have gone to all staff members.

2. Availability

Please call 01474520097 every Friday morning, before 12pm to notify the office of your availability for the following week, or send an email to Ashli.hollister@angycareuk.com with your availability. It will enable us to book you for a shift when needed. If you do not do so, there is a high chance you will not be booked for shifts.

3. Procedure for Shift Booking

You must notify ACL of all self-booking by calling the office on 01474520097 during working hours. This procedure must be followed to enable us to comply with various legal and statutory obligations. All shifts that are not been logged onto our system MAY NOT be paid and disciplinary action may be taken to those that do not adhere to this procedure.

4. Completion of Timesheet

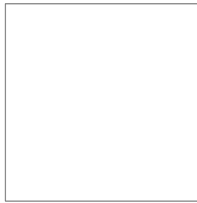
This must include correct times that to arrive for duty and break times. If you are running late notify the customer or ACL on time, log your start and finish time correctly. Claiming time not worked may be regarded as fraud and it may result in disciplinary action being taken.

5. Submission of Timesheets

All timesheets MUST reach ACL office by Monday before 12 noon for payment in that week. This can also be scanned and emailed to wages@angycareuk.com. Timesheets cannot be accepted for processing after 12 noon on Monday. Please ensure the scan is clear otherwise it will not be processed.

6. Office Hours

Office hours are 9am to 5pm Monday to Friday. All timesheet payment queries and administrative issues should be raised during office opening hours. Telephone calls outside of the opening hours will only take place to deal with on call matters and emergency only. Staff will not discuss work matters beyond this outside of office hours, or if called on their personal lines.



7. On-call

Staff can contact the on call supervisor (01474520097 only) if they are delayed for any reason and if guidance or support is required in any form; this also ensures the supervisor is aware of the staff member's whereabouts for health and safety reasons and that clients are notified expediently of any delay. Any other inquiries should be addressed during the office opening hours.

On Call Services (Out Of Office Hours)

The on call service is available Mon-Fri between the hours of 17.00 and 22.00 and all weekends.

8. Dress code

All employees are expected to wear uniform wherever and whenever required to do so by the client. Our dress code is the same for all customers:

Smart formal wear including ACL photo ID badge.

Employees who do not meet dress code standards of the premises in which they are working can be sent home and become subject to disciplinary actions.

9. Professionalism

It is important to treat each other as mature people and professionals especially in the presence of our clients and other colleagues. Team work is very important as it affects us as a team along with clients who receive care from us. Therefore all employees of ACL must maintain an optimum level of professionalism at all times.



INTERIM DBS RECORD STATEMENT

Because of the nature of the work, the post is exempt from the provision of Section 4(2) of the Rehabilitation of offenders Act (1974). Applicants are therefore not entitled to withhold information about any convictions under the provisions of the Act. Disclosure of an offence will not necessarily be barrier to continuity of employment. In the vent that we discover any failure to disclose such convictions, ACL has the rights to end employment. All information given will be completely confidential and will be considered only in writing in relation to a position to which the order applies. Your answer to the following question should include spent convictions.

DBS checks will be carried out yearly. In the interim years staff may be asked to sign a disclaimer stating any convictions they may have had since the last check.

Employee will be expected to declare any convictions they may have or have received since their last check, disclaimer or application at the time of the conviction.

DISCLAIMER

If you have been convicted of any offence since your last DBS check, please GIVE DETAILS below. If you have no conviction ,please write NONE

I declare the information provided in all parts of this form is true and correct in all aspects to the best of my knowledge. In understood that knowingly giving false or inaccurate information will disqualify me from employment with the company.
In completing this form, I consent to the process of the data therein and in accordance with the Data Protection Act 1998.

NAME:

SIGNED:

DATE:

EQUALITY STATEMENT

ACL is committed to equality of opportunity, for all staff and applications are encouraged regardless of disability, gender, culture, marital status, race, colour, ethnic or national origin, sexualorientation, age, working pattern, religion and beliefs.

Section one To be completed by the employee

Please complete section one and then hand the form back to your present employer. If you later receive a form P45 from your previous employer, hand it to your present employer.
Use capital letters when completing this form.

Your details

National Insurance number

This is very important in getting your tax and benefits right

Title – enter MR, MRS, MISS, MS or other title

Surname or family name

Date of birth *DD MM YYYY*

Address

House or flat number

Rest of address including house name or flat name

Postcode

Your present circumstances

Read all the following statements carefully and enter 'X' in **the one** box that applies to you.

A – This is my first job since last 6 April and I **have not** been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.

OR

B – This is now my only job, but since last 6 April I **have** had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.

OR

C – I have another job or receive a state or occupational pension.

Student Loans

If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. (If you are required to repay your Student Loan through your bank or building society account do **not** enter an 'X' in box D.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Pre-registration Health Assessment Questionnaire

1. Personal Details

Surname Mr/Miss/Mrs/Ms D.O.B.....

Forename(s)

Address.....

Telephone Mobile

Contact Person in Emergency

Relationship to You..... Telephone.....

2. Vaccination History

Have you had the following immunisation or tests?

Immunisation & Blood Tests	YES	NO	Dates & Results
Hepatitis B primary course			
Hepatitis B Booster/s			
Hepatitis B antibody blood test			
Typhoid			
Hepatitis A			
rubella			
Varicella IGG (or history of chicken pox)			
BCG(protection against TB)			If yes do you have a BCG scar?

3. Health History

Do you have or have you had in the past?	Yes	No	If yes , give details and dates
High Blood Pressure			
Heart Attack			
Angina			
Blackout			
Epilepsy			
Muscular weakness or Paralysis			
Migraine or Persistent Headaches			
Asthma, Bronchitis or Pleurisy			

Tuberculosis			
Irritable bowel syndrome or Liver complaints/jaundice			
Urine infection or Kidney stone			
Arthritis, Rheumatism, Back problems, Neck or shoulder problems, Sciatica, Upper limb disorder or Tennis elbow			
Allergies including allergies to drugs, animals and pollens			
Eczema, Dermatitis, Psoriasis, Skin Cancer or any other skin disease			
Diabetes			
Thyroid overactive/underactive			
Restricted vision			
Glaucoma Iritic			
Restricted hearing, Tinnitus or other Ear infection			
Problems related to alcohol or drug usage/dependency			
Mental illness or stress related problems			
Any other health conditions not mentioned in this list			

4. DECLARATION

I declare that all the foregoing statement is true to the best of my knowledge.

I understand and accept that further medical information may be requested from my doctor if considered necessary.

Name: (BLOCK CAPITAL)

Signature:

Date:



New Employee starter Form:

Personal Details

Title:

Role:

Surname:

Forenames:

Address:

Post Code:

NI

DATE OF BIRTH:

NATIONALITY:

MARITAL STATUS:

Bank Detail

Bank:

Sort Code:

Account No:

Account Name:

Is this your only job? Yes No

If yes, is it the first Job? Yes No

Are you allowed to work in the UK? Yes No

If yes , fill for us the P46 otherwise you need to supply your P45

We shall need a copy of your P45 if this only job.

Payment

Weekly

NB: Every staff must provide either P45 or P46 and a copy of their NI.

DATE:

SIGN.....

Working Time Regulation

As an employee/agency worker for ACL you are expected to stick to European working time regulation (WTR). It is your responsibility to make sure that you work within the defined parameters of the WTR failure to do so may result in immediate suspension from ACL group and loss of income. The guidelines are as follows:

1. Working time limit

1.1 The limit on working time is 48 hours per week ,averaged over 17 weeks

2. Statutory Rest Breaks

2.1 In accordance with the working Time regulations, workers are entitled to and obliged to comply with the following statutory rest breaks

2.2 11 hours uninterrupted rest in every 24 hours period, 24 hours uninterrupted rest in every seven days (in addition to 11 hours uninterrupted rest in every 24 hours, i.e. 35 hours consecutive rest OR 48 hours uninterrupted rest in a fortnight (59 hours continuous rest) . a twenty minutes uninterrupted ,unpaid rest break for workers working at least a six hour day .Rest break could be accompanied by existing lunch break within shifts other (unpaid)

3. Compensatory Rest

3.1 If statutory break is not possible at the recommended time due to the services. It must be taken at the earliest opportunity and before that start of the next period of continuous work as mutually agreed with line management/place of work.

3.2 Compensatory rest can be taken at the earliest opportunity ideally within two weeks in line with place of work agreement

3.3 Is it recognised that where staff are not permitted to go off the site ,compensatory rest will be replaced in line with the regulations

4. Night Workers

4.1 To comply with the working time regulations, nights shift should not exceed 40 hours per week averaged over a rolling 17 weeks period

4.2 This is to confirm that I have read and understood the above regulations and it is my responsibility as an agency worker to stick to these regulations while undertaking employment from ACL.



Angy Care

Limited

Full name:

Signed:

Date: