Application Form

Full Name:
Surname:
Date of Birth:
Address:
Post Code:
Phone number:
Nationality:
National Insurance:
Please underline the one that applies to you:
Gander: Male/Female
What position are you applying for? Carer / Senior Carer / Support worker / Nurse
Day full time /Night full time /day part time

Sign | | Date

Data Protection Act 1998

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

The company holds “personal data” relating to you. Such data will include your registration form, references, address & telephone details, bank details, work, holiday and sickness records, next of kin details, pay and immunisation details and other records which may, where necessary include sensitive data relating to you and your health in relation to the Equalities Act 2010. *https://www.gov.uk/equality-act-2010-guidance*

The company will hold your personal data for administration and management purposes, the company is obliged to protect your records under the Act.

Your right to access such data is described by law.

By signing the contract, you agree that the company will be able to when necessary, process and share personal data relating to you and your health advisors, third parties and anyone providing product and/or services to the company including its clients i.e. Care Homes/Hospitals etc

I authorise **Amachyck Care Solution** to take references and to give its clients relevant information relating to my employment details or 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.

Print Name:

Sign:

Date:

Declaration of Health

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If Amachyck Care Solution has any concerns about your fitness to work, any offer of Membership may be subject to satisfactory medical report. Please note: you must inform AMACHYCK CARE SOLUTION immediately if your health changes significantly

Have you suffered from any of the following			Additional Information?
Back problems	Yes	No	
Blackouts, fits or giddiness	Yes	No	
Bladder or kidney problems	Yes	No	
Chest complaint (e.g. tuberculosis, asthma, bronchitis)	Yes	No	
Chest pain, heart condition or raised blood pressure	Yes	No	
Dermatitis or skin Problem	Yes	No	
Diabetes, thyroid or any other bowel disorder	Yes	No	
Mental illness (e.g. Depression/ psychoses)	yes	No	
Rheumatism or arthritis	Yes	No	
Typhoid, paratyphoid or dysentery	Yes	No	
Varicose veins	Yes	No	
Any accident, operation or illness not listed above	Yes	No	
Have you any reason to believe you may be infected by any communicable disease	Yes	No	
Any physical disabilities including defect of sight or hearing	Yes	No	

Do you have GP certificate of Vaccination? Yes/No

Hepatitis B
Rubella (German measles)
Tetanus
Poliomyelitis
Tuberculoses BCG
Other

Name

Date

BANK DETAIL FORM

Full Name a			
Address			
Post Code			
Date of Birth		Nationality	
Name of building society :			
Account Name			
Account Number			
Sort Code			
Office use Only Date Changed			

Rehabilitation of offenders Act 1974

By virtue of Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986, the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to the persons in receipt of such services in the courses of his or her duties. Your answer to the following questions should include any 'spent' convictions.

Do you give permission for your information to be shared with?

The UK Border and Immigration Agency	Yes	No
Our Regulatory Body (CQC)	Yes	No
Any other outside Audit Team	Yes	No

If No Please give a brief explanation for your reason, this may affect your suitable for employment with Amachyck Care Solution Ltd.

Experience: Please tick which of the following do you have experience in:

Mental health Yes/No

Elderly Yes/No

Dementia Yes/No

learning disability Yes/No

Support worker Yes/No

Brain Injury Yes/No

Do you drive? Yes/No

I declare that all the information provided give is true and I understand that any false or misleading information may result in my removal from Amachyck Care Solution register or members.

Signed: Date

Working Time Regulations 1998

48 Hour Opt-Out Agreement

Regulation 4 of the Working Time Regulations 1998 (as amended) (the "WTR") limits the average working week to 48 hours (average being calculated over a standard 17 weeks reference period, which can be extended to 26 or 52 weeks in certain circumstances). The worker can opt out of the 48 hours maximum but must give written notice that they intend to do so. The worker can later give notice that they wish to opt back in to the 48 hours working time limit.

Please select one of the following options:

☐ I wish to opt out of the 48 hours average working week

☐ I **DO NOT** wish to opt out of the 48 hours average working week

Name: _____

Signature: _____ Date: _____

Terms and conditions for workers member

- All Amachyck Care Solution workers should be aware that all payment will be made directly into their own bank accounts and no one else. It is the sole responsibility of worker member to inform the office of changing personal information including: Address, bank details, phone number etc.

- Payments are made weekly.

- If you wish to cancel a booked shift, please come through the management and not the client.
- All timesheets should be in the office on Monday before 12pm for Friday payment, otherwise payment will be delayed. Alternatively drop your timesheet in our letter box 243B or scan your timesheet and email the company amachyck.care@gmail.com

- The time sheet should be fully completed by the member of worker and signed by an authorised worker member.
- If there are any queries with payment worker should contact the Office as soon as possible to rectify this.
- Amachyck Care Solution Ltd is using HMRC for payment of worker.

- **Liability**
  Whilst every effort is made by ACCSL to give satisfaction to the client by ensuring reasonable standards of care, integrity and reliability from temporary workers and further to provide them in accordance with the clients booking details. ACCSL is not liable for error, acts, omission, loss, expense, damage or delay arising from the failure to provide any Temporary worker for all or part of the period of booking or from the negligence, dishonesty, misconduct or lack of skills of the Temporary worker. The temporary worker agrees responsibilities, acts, errors or omissions of Temporary worker whether wilful, negligence or otherwise as though the Temporary worker was on the payroll of the client, including the provision of adequate Employers and Public Liability insurance cover.

Name:

Signature: Date:

By signing this agreement, I agree to abide by **AMACHYCK CARE SOLUTION LIMITEDs** company policies and staff guidelines as outlined in the staff handbook.

Next of Kin

Please tell us who to contact in case of Emergency. It could be a member of your family or a close friend.

Full Name	Phone number	Address.

How long have you lived in the UK?

1. Less than a year	
2. 1 to 2 years	
3. 3 years and above	

Date:

Signature:

Qualification

Training	Qualification	Year

Previous Job:

How many years' experience have you got? Please write in the box provided	

Tell us about your last employment.

Managers Name and Contact number	Your Position	Start date	End Date	Reason for leaving