



www.extra-care.co.uk

Application Form (Domestic – Auxiliary – Gardening)

Surname: _____ Mr/Mrs/Ms/Miss: _____

Maiden name: _____

Nationality: _____

Any previous names by which you were known: _____

Forenames: _____

Address: _____

_____ Post Code _____

Home Telephone: _____ Mobile: _____

Date of birth: _____ National Insurance No: _____

Are you registered disabled? _____ If yes number: _____

Do you have any health problems which are relevant to this work?

How many hours do you want to work each week? _____

Do you have access to transport? _____

How far are you prepared to travel? _____

Education

SCHOOLS/ COLLEGES / UNIVERSITIES ATTENDED	FROM	TO

Qualifications Attained

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EMPLOYMENT

Last employment details: _____

Main Duties: _____

Starting Date: _____

Leaving Date: _____

Reason for leaving: _____

Previous Employment details: _____

Starting Date: _____

Leaving Date: _____

Reason for leaving: _____

Please note – Work offered as if self-employed – Extra Care Home Services Limited is not an employer, merely linking you with those who require services. You would therefore be responsible for informing Inland Revenue, Local Authority and Contributions Agency of your earnings.

General hobbies/interests: _____

Do you smoke? _____

Rehabilitation of offenders

Because of the nature of the work involved please give details of any convictions below. Any disclosure will be treated in strict confidence and will be considered only in relation to this application:

Please give brief details of why you have applied for this work:

References:

Please supply the details of two people from whom references can be sought. These must not be relatives and it is important that they have knowledge of you personally. **One must be from current or previous employer.**

We write to references prior to interview. Please tick box if you DO NOT want us to contact your current employer before an interview.

1 Name and Address

2 Name and Address

Declaration

I confirm that the information given on this form is true and accurate and have read and understood the terms and conditions of acceptance. I agree that information supplied by my references may be given to any clients of Extra Care Home Services Limited on request.

Signed: _____ Date: _____

Extra Care Home Services Limited is an "Employment Business" within the meaning of the Employment Agencies Act 1973

Extra Care Home Services Limited ♦ Registered in England No. 06292821 ♦ Registered Office: 24 Market Place ♦ North Walsham ♦ NR28 9BS♦

☎ 01692 500714 or 07903 595242 ♦ email: admin@extra-care.co.uk

TO THE APPLICANT - Terms and conditions of acceptance.

Detach this page and sign both copies:
Please return with your application form:

Hereafter the applicant is referred to as the “**worker**”

Extra Care Home Services Limited is an employment business within the meaning of the Employment Agencies Act 1973. **Extra Care Home Services Limited** seeks to provide a suitable worker at the request of its clients. Therefore **Extra Care Home Services Limited** is not an employer and has no obligations as such.

Extra Care Home Services Limited has its own Public Liability insurance but you need to be aware of any insurance obligations you should have personally.

Those who are assisting **Extra Care Home Services Limited** will be expected to regard themselves as self employed workers and as such remain responsible for informing the Inland Revenue and Contributions Agency and any relevant authority of their earnings. The “**worker**” shall remain at all times at liberty to decline to undertake any work offered, including extra hours requested by the client. The understanding is that at all times there is no mutual obligation for **Extra Care Home Services Limited** to provide work for the “**worker**” or for the “**worker**” to accept work offered.

Each “**worker**” shall collect any monies due from the client on behalf of **Extra Care Home Services Limited** and shall forward the agency fee element from each hour worked to the office by the 7th day following the calendar month just worked. (Unless alternative arrangements have been made with the office.)

“**Workers**” are expected at all times to keep the office informed of any major changes in working hours instituted by the client and any difficulties experienced with clients such as non-payment or cancellation frequently without notice.

Should a “**worker**” decide not to continue working for a client or the agency, it is requested that at least two weeks notice be given to the agency in order for alternative arrangements to be made.

Signed: _____ Date: _____

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DISCLOSURE AND BARRING SERVICES CHECKS

As part of our membership of Norfolk Trusted Trader and initiative of Norfolk County Council, we actively encourage all our workers to be checked through the Disclosure & Barring Services (DBS) formally known as a Criminal Record Bureau check. This enables us to offer a wider selection of clients to you. For this check you will be asked to provide 3 forms of identification and we will confirm these with you at interview.

The cost of obtaining this check is £58.39 and we request that each worker makes a contribution of £25 towards this cost. This sum is to be paid one month after commencing work with us unless advised differently at interview.

If for any reason you stop working with us within the first 6 months after the check is carried out then we reserve the right to charge you in full for the cost of providing this check.

Please read and sign the following declaration and return one copy with your application form:-

I give / do not give* (delete as applicable) my consent for Extra Hands Home Services Limited to obtain an enhanced disclosure & Barring Services check on my behalf.

I understand that the sum of £25 will be invoiced to me one month after working for clients of Extra Hands Home Services Limited.

I understand that if I cease working with Extra Care Home Services within 6 months of the check carried out then I will be obliged to pay the remaining £33.39 due for this cost.

Signed

Date

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