



Advance Medical Transport Services Ltd.

Established 2016

Managing Director: D E Simmonds

AMTS Ltd Application Form

Instructions

Ensure you answer all questions or insert N/A into a required field.

If any questions are left blank, the application will be sent back to you.

Once completed, AMT will process your application form, this can take a few days to a few weeks due to our work, please be patient with us.

All applications will be held on record for 6 months from the date of receiving the form.

After 6 months if you have not be offered a job the application form will be removed from our system.

Once an application has be checked, AMT will contact you via email to inform you if your application was successful.

If you have been successful we will invite you for an interview at a time that is convenient to all.

Note

ALL THE INFORMATION YOU SHARE AND/OR SUPPLY WITHIN THIS FORM IS BE TREATED IN THE STRICTEST OF CONFIDENCE.

AMTS LTD WILL KEEP ALL INFORMATION SECURE AND WILL NOT SHARE YOUR INFORMATION OUTSIDE OF THE COMPANY.

ONLY THOSE WITH THE RELEVANT INTERNAL PRIVILEGES SHALL HAVE ACCESS TO YOUR INFORMATION FOR PROCESSING.

WHERE AMTS LTD NEED TO SHARE YOUR INFORMATION IN ORDER TO GAIN LAWFULLY REQUIRED INFORMATION, YOU WILL BE ADVISED IN ADVANCE AND GIVEN YOUR EXPLICIT RIGHT TO WITHHOLD INFORMATION.

PLEASE ENSURE YOU READ ALL ACCOMPANYING DOCUMENTATION, WHILE COMPLETING YOUR APPLICATION AND BEFORE SUBMISSION.



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Personal Details

Personal Information section 1			
Title		Forename	
Middle name		Surname	
D.O.B			
Email Address			
Home Address Including Postcode			
Home Number		Mobile Number	
Unique TAX Reference (UTR)			
<i>(Please remember you must declare all earnings)</i>			
Do you have a driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please answer Section 1A		
Section 1A	Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Expiry Date: _____ Licence Number: _____ Do you have a C1 licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a blue light qualification? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have any points? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes how many: _____		
Entitlement to work in the UK	Do you have any restrictions that apply to you working in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>		



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Employment History (including Relevant Medical and Training certificates)

Please provide **5 years** of employment history, including any gaps. Please use a supplementary page if you need more space.

Name of Company and Address	Job Title and Main Duties	Employment Dates	Reason for leaving

Please note any other employment, you would continue with if you were successful in obtaining this role.

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References

Please provide details of two employment referees, including your current employer where applicable. Note: If you would rather we didn't contact your current employer at this time, please advise below.

If you do not have two, please provide at least one employer and one character reference.

Any character reference will need to have known you for over 2 years. As a company we would like to contact your referees by email. Please provide this information below.

Reference 1	Employer <input type="checkbox"/>	Reference 2	Employer <input type="checkbox"/>
	Character <input type="checkbox"/>		Character <input type="checkbox"/>
Name		Name	
Job title		Job title	
Address		Address	
How long have you known them for?		How long have you known them for?	
Email address		Email address	
Contact No:		Contact No:	
Can we contact them prior to making an offer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can we contact them prior to making an offer?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Criminal Record

Criminal convictions - Declaration subject to the Rehabilitation of Offenders Act 1974 (amended 2001) Please note that ALL criminal convictions MUST be declared, whether driving related (or not); this includes ANY unspent and or pending criminal convictions. Furthermore, please be advised that should your application be successful and where (AMTS Ltd and YOU the applicant), reach the point within your application process where AMTS Ltd are duty bound to perform all relevant background checks, including but not limited to: Driving and criminal record checks. You are within your rights to refuse this check; although without this information it will directly affect our decision of employment. Having a conviction will not automatically affect your employment opportunities with AMTS Ltd. AMTS Ltd, treats this information with the strictest of confidence, the nature of any convictions and their relevance to the role for which you are applying will be considered and all information relating to convictions will be treated as confidential. All opportunities affected by any convictions will be discussed with you, and where possible an alternative vacancy may be offered, providing your pre-disclosure matches the disclosure and barring information being requested with your approval. However, should we be notified of anything to the contrary to your declarations, this will result in all offers of employment being withdrawn. (Where an applicable causes any loss incurred by AMTS Ltd due to intentional and/or miss-direction from you the applicant, an associated bill for such losses may be sent via AMTS Ltd to you for recovery of payment. Please be aware that under our contracts with third parties, AMTS Ltd are governed by additional security checks when employing ALL staff. A Police Check or (DBS); is required for posts employing people to whom will have access to children or vulnerable adults. Therefore, in order for AMTS Ltd to meet our lawful/contractual needs as a business; it is deemed a lawful necessity that a police check will be undertaken via the Disclosure & Barring Service (DBS). There are three levels of disclosure – basic, standard, and enhanced. You should be aware that Advanced Medical Transport Service Ltd. will apply for enhanced disclosure for all posts. This means that national and local police checks are undertaken. Should you require further information on the disclosure process please contact the Disclosure & Barring Service. During your employment with us, you will be expected to verify that there have been no changes to your last application on an annual basis, furthermore a FULL re-check is required every third year if not on the yearly update. If during your employment with AMTS Ltd, you are notified of any conviction, pending or otherwise, it will be your responsibility to inform us of any convictions at the time they arise. Failure to do so will be dealt with under the company's gross miss-conduct policy and you may be dismissed on these grounds without notice.

Have you ever been convicted of a criminal offence?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any prosecutions pending?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of any pending Prosecutions:		
Do you have a current DBS on the Update System?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please answer section 5A</i>		
Section 5A	What is the date of the DBS?	
	What is your DBS number?	
	Do you have the online DBS service update?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide the number	



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Interview Availability

Are there any dates when you would not be available for interview?	
If successful, when would you be available to take up this appointment?	
Please detail any commitments that may impact on your work obligations. <i>For example, TA, jury service, pre-booked holidays, etc.</i>	

Supporting Information

Please make full use of this section to give further information. Address the points listed in the person specification and include why you want to apply for this post. Also detail how your skills and experience match the requirements of the position and include details about your interests or voluntary work you've carried out that is relevant to the post.

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Have you ever been known by a different name? Give details below:

Previous Name 1: _____ Date Used From: _____ Date Used Until: _____

Previous Name 2: _____ Date Used From: _____ Date Used Until: _____

Previous Address(es) if moved in the past 5yrs:

Previous Address 1:

Postcode: _____

Dates Living at the address From: _____ To: _____

Previous Address 2:

Postcode: _____

Dates Living at the address From: _____ To: _____

Previous Address 3:

Postcode: _____

Dates Living at the address From: _____ To: _____



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Pre-Employment Health Screening

The purpose of the health screening is to ensure that:

1. New staff do not have a health problem or disability that might impair their ability to carry out tasks required in the post.
2. Any necessary adjustment can be made to ensure new staff who do have a health problem or disability to carry out their job safely.
3. The need for ongoing health surveillance can be identified

Applicants are advised that any false or misleading answers or failure to give pertinent information may render the individual liable to disciplinary action which may include dismissal.

The job will include the following so please confirm Yes or No to your ability to manage:			
Lifting 12 stone between two people		Driving	
Lifting patients		lifting equipment	
Carry chair		Stretcher	
Stair climber		Walking	
Standing for long periods of time		Communication	
Getting on and off the floor		Manual handling	



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Driving Licence Checks

At AMT we will be doing a driving licence check before starting work and yearly checks thereafter.

For the checks to be done, we will ask you to complete a form online for you and send us a code to check our end. To do this you will need to go to [View or share your driving licence information - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

- You will need your
- Driving licence number
- National insurance number
- Postcode on your driving licence

For us to check this we will also need the following:

Driving licence number	
DVLA Online Check code (Please note that the code is one-use only, therefore, please ensure that this code has not been used by anyone other than AMTS)	

By completing this form, I understand I am giving AMTS Ltd my consent to access DVLA to confirm my driving licence status

Sign	
Date	



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Office use only, please DO NOT write in this section

Date Application received	
Is the form complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interview	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interview Date sent out	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed	Date
Potential Start date	
Interview Notes:	
Candidate Successful?	
Candidate References Received and Read?	
Interview Completed by:	