

# Care Worker Application Form

Classic Home Care Services Ltd

51 The Broadway,

Stoneleigh, Epsom,

Surrey

KT17 2JE

Tel: 020 8393 7117

Fax: 020 8393 5535

E-mail: sarah.redwood@classichomecareservices.co.uk

Position Applied For: Full Time Community Support Worker [  ]

Part Time Community Support Worker [  ]

**Please note for Domiciliary Care you need a Driving License and your own car.**

Title: Mr/Miss/Mrs/Ms/Other (Please specify.....)

Full Name:.....

Maiden Name:..... Previous Surname:.....

Address:..... Town:.....

Post Code:..... County:.....

Telephone Number:.....

Mobile:.....

Email Address:.....

National Insurance Number:.....

Nationality:.....

Please state which languages you speak, including an indication of fluency.....

Are you a Citizen of the EU or EEA? [  ] Yes [  ] No

If "No", do you have a Work permit?.....

Please give details of Work Permit

Passport Nationality:..... Place of Issue:.....

Passport Number..... Date of Issue..... Expiry Date:.....

Known restrictions.....

Next of kin to be notified in an emergency: Name:.....

Address:.....

Telephone Number:..... Mobile No:.....

Work No:.....

Relationship to you:.....



3.

4.

5.

6.

7.

8.

**REFERENCES**

Please provide the names of 3 people, including your present or most recent employer, whom we may approach for a professional reference. Please do not give friends or family as referees.

**May we contact your referees before interview?** Yes [ ] No [ ]

<u>Name of Referee and position:</u>	<u>Address (inc Postcode):</u> Email address please	<u>Telephone Number:</u> <b>N.B. mobile numbers will not be accepted</b>	<u>Known me for how long</u> <u>i.e. years/months:</u>
1. <b>Position:</b> <b>Email:</b>			
2. <b>Position:</b> <b>Email:</b>			
3. <b>Position:</b> <b>Email:</b>			

I give consent for Classic Home Care Services to contact the above referees in support of my application:

Signature:

Date:

**Please note this must be signed to proceed with your application.**

**PRACTICAL EXPERIENCE**

Please indicate where you obtained most of your experience:

**Private House/Nursing/Residential Home/Hospital/No Experience**

Please briefly explain how you gained this experience.....

.....  
.....  
.....  
.....

**TASK ABILITY**

Please tick next to the care tasks in which you are experienced.

**Personal Hygiene:**

- Bath/shower/strip wash
- Bed bath
- Care of eyes
- Bedpans/Commodes etc
- Care of feet (exc toenails)
- Care of fingernails
- Care of hair
- Dressing/undressing
- Mouth care (inc dentures)
- Shaving
- Use of bath aids

**Mobility:**

- Moving & handling clients
- Using hoists (man/ele)
- Use of walking aids

**Practical Tasks:**

- Bedmaking/changing bed
- Collecting benefits
- Cooking
- Light housework
- Shopping
- Washing personal laundry

**Care Duties:**

- Assisting with medication
- Pressure area care
- Simple dressing procedures
- Terminal Care

**Nutrition:**

- Feeding
- Food Handling
- Preparing meals

**Toileting:**

- Applying conveyer
- Attaching a night bag
- Changing a catheter bag
- Continence care
- Empty a catheter bag
- Stoma care

**Administrative Abilities:**

- Confidentiality
- Observing/recording
- Changes in clients condition
- Recording instructions
- Report writing
- Communication with GP/DN

Please include any other information you feel is relevant with regard to practical experience and/or training. Please add information relating to any professional training you may have. Please continue on a separate sheet if necessary.

**JOB FLEXIBILITY**

Prepared to Work: Full-Time [ ] Part-Time [ ]  
Early Mornings:7am start [ ] Evenings [ ] Days [ ] Nights [ ] Weekends [ ]

Please note: **Full time care workers are expected to work every other weekend and a minimum of two evenings each week.**

If part time please indicate available hours: Please list days available & hours available on each day.

- Monday:
- Tuesday:
- Wednesday:
- Thursday:
- Friday:
- Saturday:
- Sunday

Details of any other work which you will continue to undertake if you are offered this Job Position:

Please provide details of any outstanding holidays to be taken:

Please provide details of notice period for current employer (if applicable):

**REHABILITATION OF OFFENDERS ACT, 1974**

*By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not supply any employment which is concerned with the provisions of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following questions should include any "spent" convictions. Any information supplied by yourself will remain confidential and considered only in relation to the Job Application:*

It is a requirement to apply to the Criminal Records Bureau (CRB) for a Disclosure. This process has replaced the old system of police checks.

Do you agree to apply for a Disclosure to the CRB? Yes [ ] No [ ]

An Application form will be supplied by the agency.

With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a Court of Law?  
Yes NO

Are you currently under investigation for an offence? Yes No

If "YES" to either of the above please provide brief details of the offence(s) and relevant dates: Please continue on a separate sheet if required.

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**EQUAL OPPORTUNITIES – VOLUNTARY INFORMATION**

The organisation seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play no part in this process.

In order to monitor the effectiveness of this commitment to equal opportunities it would be helpful if you could complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose than that as stated in this paragraph.

Sex     Male     Female     Other    Age D.O.B.....

Registered Disabled Number (where relevant) .....

**Current Vaccination Status:**

Date of 1<sup>st</sup> Vaccination:

Date of 2<sup>nd</sup> Vaccination:

Booster dates:

**DECLARATION OF CONFIDENTIALITY**

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about service users. On no account must information relating to identifiable service users be divulged to anyone other than your Branch Manager or his/her assistant.

You should not disclose ANY information to your family, friends, neighbours or other service users. If you are worried by any information you have obtained and consider that you should talk about it to someone else **MAKE AN APPOINTMENT TO SPEAK IN PRIVATE** to your **BRANCH MANAGER**.

Failure to observe these rules will be regarded as serious misconduct and could result in removal from the agency register.

Signed:.....Print:.....

Date:.....



