

## Live In Care Worker Application Form

Classic Home Care Services Ltd

51 The Broadway

Stoneleigh, Epsom

Surrey

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### PERSONAL DETAILS

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:.....

**DRIVING RECORD**

Do you have a current clean "FULL" driving licence?     ☐ Yes     ☐ No

Do you have a car available: ☐ Yes     ☐ No

Driving licence valid from:..... To:.....

Number of Penalty Points (if any) endorsed on current licence:.....

Have you ever been disqualified from driving, or had insurance refused?     ☐ Yes     ☐ No

If "Yes", please provide brief details:.....

You are required to have business use on your motor insurance policy. This can be clarified at interview if you are successful. Documentation will need to be provided as proof.

**GENERAL EDUCATION**

From	To	Name of School	From	To	Name of College, University etc

Examination results/qualifications obtained please include relevant care qualifications or further education


**EMPLOYMENT**

Please print FULL details of your employment history in reverse date order, starting with your present or last position.

Name and Address of Current Employer (or last Employer if currently unemployed)	Job Title and main duties	Employment Dates	
		From	To
Reason for Leaving:	Average gross pay: £                      per week/month/annum		

Previous Employment (Employer Name, your Job Title, dates of employment and reason for leaving) Please continue on a separate sheet if necessary.

- 1.
- 2.

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>	<u>Telephone Number: N.B. mobile numbers will not be accepted</u>	<u>Known me for how long i.e. years/months:</u>
<b>1.</b> <b>Email address:</b>  <b>Position:</b>			
<b>2.</b> <b>Email address:</b> <b>Position:</b>			
<b>3.</b> <b>Email address:</b> <b>Position:</b>			

## 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.....

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.....

## 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 conven  
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.

### JOB FLEXIBILITY

Please indicate your availability for live in assignments. E.g. the number of weeks per assignment. If you are looking for a permanent position please indicate this.

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 [ ]

Have you been arrested or under investigation for any police investigations? 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.

.....  
.....

## 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.

Marital Status      ☐ Single    ☐ Married    ☐ Separated    ☐ Widowed    ☐ Divorced

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

Ethnic Origin        ☐ White    ☐ African    ☐ Afro-Caribbean    ☐ Asian    ☐ European    ☐ Polynesian

☐ Other please specify.....

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

## 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:.....

**Please use this space to add further information or any information you feel is relevant to your application.....**

[illegible]

I confirm that the information I have provided is correct and understand that misleading statements, false or withheld information will result in INSTANT DISMISSAL. I also understand that questions left unanswered may be discussed at interview(s) arising from this application:

Applicant's signature..... Date:.....

Applicant Name:.....

How did you first hear about our organisation?.....