

Care Worker Application Form

Classic Home Care Services Ltd

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Position Applied For: Full Time Community Support Worker []
Part Time Community Support Worker []

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

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:

Comments:

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** []

If "YES" 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 Age D.O.B.....

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:.....

