



Care By Us Limited

Millars Three, Southmill Road, Bishops Stortford, Herts, CM23 3DH

# APPLICATION FORM – CARE STAFF

**\*Please complete this Application Form in block capitals in black ink\***

## A: POSITION APPLIED FOR

Date Completed :

LIVE-IN CARE    HOURLY CARE    SPECIALIST CARE AT HOME    SUPPORT WORK    (Please tick one)

Please tell us where you heard about Care By Us:

## B: PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other): \_\_\_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## C: NEXT OF KIN DETAILS

Title: (Mr / Mrs / Miss / Ms / other) \_\_\_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

## D: LEGAL ENTITLEMENT TO WORK IN THE UK

Are you legally entitled to work in the UK? YES    NO

Do you have an EU passport?    YES    NO    If NO, do you have a visa/biometric card?    YES    NO

Nationality \_\_\_\_\_

**E: WHY CARE**

Please tell us why you want to work in Care:

**F: PERSONAL CARE**

Carers have different attitudes towards different aspects of care provision. The list below indicates the main tasks that a care assistant may be expected to carry out on a daily basis.

Please read the lists and sign in the acceptance box that you have read this and are willing with the relevant training to carry out these tasks.

- Assisting with Medication
- Washing a Man
- Washing a Woman
- Apply Cream to Skin of a Man
- Apply Cream to Skin of a Woman
- Toileting a Man
- Toileting a Woman
- Changing incontinence pads of a Man
- Changing incontinence pads of a Woman
- Dressing a Man
- Dressing a Woman
- Feeding a Man
- Feeding a Woman
- Hoisting a Man
- Hoisting a Woman

In addition to the above these are some tasks that you may be asked to complete within your role as a Care Assistant.

- Cooking
- Laundry
- Ironing
- Shopping
- Cleaning
- Taking care of a Service Users Dog/Cat

<b>Please indicate in this box if there are any reason why you would be unwilling or unable to carry out any of the above tasks.</b>		
I am willing with the relevant training to undertake the above tasks as part of my job role (Please sign this part even if you have filled out the above box)		
Name:	Signature:	Date:

Applicant Name:

**G: AVAILABILITY**

**HOURLY CARERS ONLY** –

Please indicate what times of the day and days of the week you are available to work. We require you to be able to work at least one evening and one weekend shift (Sat or Sun) each week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am – 2pm							
4pm – 10pm							
Waking Night							
Sleepover							

**LIVE-IN CARERS ONLY** –

Please indicate your chosen availability in the table below.

Weeks on	Weeks off	Please tick your chosen availability
3	1	
4	2	
6	2	
8	2	

**Please state approximate hours per week required \_\_\_\_\_**

**Changing your availability will require a minimum of 3 weeks' notice and may affect our ability to give you work.**

Date available to commence employment with Care by Us	/ /
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Above agreed with Interviewer and Candidate.

Applicant Signature:		Date:
Interviewer Signature:		Date:

**H: Areas of Work**

Below is a list of the areas that we currently cover, Please tick **TWO** of the boxes below for the areas that you are willing to travel to.

(If you are applying for a Live-In Position then you do not need to complete this section)

East Hertfordshire and Essex	West Hertfordshire
Bishop's Stortford, Stansted	Borehamwood, Elstree, Shenley, Radlett
Sawbridgeworth, Little Hallingbury	Potters Bar
Much Hadham, Standon, Puckeridge	St Albans, Redbourn, Harpenden, Wheathampstead
Cheshunt, Waltham Cross, Waltham Abbey	Abbots Langley, Kings Langley, Hemel Hempstead, Berkhamsted, Tring
Hertford, Ware	Bushey, Watford
Hoddesdon, Broxbourne, Stansted Abbots	<p align="center"><b>Specialist Care @ Home</b></p> <p>SC@H North (Stevenage, Hitchin, Letchworth and surrounding villages)</p> <p>SC@H East (Hertford, Ware, Bishop's Stortford, Sawbridgeworth, The Hadhams, Royston and Buntingford)</p> <p>SC@H West (Dacorum, St. Albans and Hertsmere)</p>
Harlow, Epping	
Royston	
Buntingford	

45 hour carers will be located in an area that best suits the business needs

Applicant Signature:		Date:
Interviewer Signature:		Date:

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**I: DRIVING RECORD**

Do you have a Current Driving Licence? YES NO

Do you own a car? YES NO

Is your driving licence clean? YES NO

If NO please give details \_\_\_\_\_

**J: EDUCATION & PROFESSIONAL TRAINING (from year 11)**

Education Centre (school, college etc.)			Qualifications Gained
	From	To	
1. Secondary Education ( <i>secondary school</i> )			
2. Higher Education ( <i>university / college / polytechnic</i> )			
3. Further Education (Professional Training)			

**K: SOCIAL CARE TRAINING**

**Please provide details of any training courses relevant to Social Care that you have attended in the last 2 years:**

Course Subject/s	Date of Course	Duration	Company who delivered the course



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**M: REFERENCES**

Please provide us with details of **3** references who we may approach with regards to this job application. These References must not be members of your family or existing Care By Us Staff.  
**At least ONE reference must be your current or most recent employer**  
**Please note that if you are providing us with email addresses and telephone numbers for your professional references these must be company email addresses and landline telephone numbers and not personal email account Such as Yahoo or Hotmail or personal mobile phone numbers.**  
We do not approach your references without your permission.

For Official Use Only:  
1. Date Reference Sent  
2. Initial  
3. Any Comments

**1: Personal Reference – Must be current or previous work colleague for a minimum of 2 years.**  
**YOUR PERSONAL REFERENCE MUST BE CONTACTABLE BY PHONE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2: Professional Reference – Current/Most Recent Employer**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3: Professional Reference**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

In order to obtain a reference I authorise Care By Us to disclose my National Insurance Number and Date of Birth should this need to be provided.

NI Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**N: CRIMINAL RECORD CERTIFICATES**

If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are entitled to ask Exempted Questions as defined by Section 113(5) of the Police Act 1997 about you. From July 2002 we are required by The Domiciliary Care Agencies Regulations 2002 to acquire a Criminal Record Certificate in relation to any person who is a Care Manager or Domiciliary Care Worker. This means that if your application is successful we will obtain from the Criminal Records Bureau a Criminal Record Certificate relating to you before your appointment is confirmed.

Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the "Code of Practice for Registered Persons and Other Recipients of Disclosure Information" published by the Criminal Records Bureau on behalf of the Home Office and we will provide you with a copy of it upon request.

Please Sign to confirm that you have read this Statement: \_\_\_\_\_

**O: DECLARATION BY JOB APPLICANT**

**ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED**

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs. I, the undersigned declare that :

- I have no criminal records except as disclosed in writing to Care By Us Limited, and appended to this application;
- I have never been the subject of any abuse investigation or enquiry into abuse except as disclosed in writing to Care By Us Limited, and appended to this application;
- I have never been the subject of any inappropriate behaviour investigation or enquiry into inappropriate behaviour except as disclosed in writing to Care By Us Limited, and appended to this application;
- I give Care By Us Limited the right to follow up all references and to make any other job-related enquiries, as they may deem necessary, including checking my legal status with the Home Office.
- I give my full consent for any personal information obtained by Care By Us Limited about me as a part of their recruitment processes to be used as they see fit. Personal Information for the purposes of this clause is personal information as envisaged under the relevant Personal Data Protection Acts.
- I understand that if I am offered employment I would be required to complete a medical questionnaire and if necessary undergo a medical examination before starting employment.
- I understand if I provide any false information, and I am subsequently employed by Care By Us, the inaccurate, incomplete or false information could result in disciplinary action being taken against me by Care By Us Limited and including the possibility of loss of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Care By Us Limited IS AN EQUAL OPPORTUNITIES EMPLOYER**

**The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability**

**Office Use Only:**

**Q: Recruitment team Sign off to verify complete document received**

<b>1<sup>st</sup> Person Name</b>	<b>1<sup>st</sup> Person Signature</b>	<b>Date:</b>
<b>2<sup>nd</sup> Person Name</b>	<b>2<sup>nd</sup> Person Signature</b>	<b>Date:</b>