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| **Section 1: Reliable Office Details** |  |  |  |
| Address | Unit 2  Beechwood Centre  40 Lower Gravel Road  Bromley  BR2 8GP |  |  |
| Telephone No: | 01689 327328 |  |  |
| Position applied for: |  |  |  |
| **Section 2: Applicant’s Details** |  |  |  |
| Title |  |  |  |
| Surname |  |  |  |
| Forenames |  |  |  |
| Address  Post Code: |  |  |  |
| Home Telephone No:  Email Address | Mobile No: |  |  |
| National Insurance No: |  |  |  |
| **Section 3: Next of Kin** |  |  |  |
| Name |  |  |  |
| Relationship |  |  |  |
| Address  Post Code: |  |  |  |
| Telephone No: | Mobile No: |  |  |
| Email Address |  |  |  |

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| **Section 4: Full Employment Record** (most recent first) | | | | |
| Use additional sheets if necessary. Please explain any gaps in employment i.e. studying, unemployment, raising family etc. | | | | |
| Name and address of employer | Start date  mm/yy | Finish date  mm/yy | Duties | Reason for leaving |
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| Gaps in Employment | | Reason for Gap | | |
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| If any of the above positions involved working with Vulnerable Adults or Children, please indicate below contact details of someone who can verify your reason for leaving | | | | |
| Name of employer | Contact Name | Contact Position | Telephone  Number | Email Address |
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| **Section 5: Education and Training** | | | | | | |
| **5a Secondary Education (including further education)** | | | | | | |
| Name of School  (most recent first) | Start and finish dates | Qualifications Gained | | | | |
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| **5b: Courses and Training** | | | | | | |
| Subjects covered  (most recent first) | Dates attended | Skills relevant to work | | | | |
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| **Section 6: Travelling for work** | | | | | | |
| Do you have a driving licence? | | | Yes |  | No |  |
| Availability of a car for work? | | | Yes |  | No |  |
| Do you have any driving endorsements? | | | Yes |  | No |  |
| If yes, please give details: | | | | | | |

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| **Section 7: References** | | | | | | | |
| Please give details of two senior individuals who may be approached for references. Where possible these should be your current and last employer and at least one must be from previous employment. | | | | | | | |
| **7a: Current Employment** | | | | | | | |
| Contact Name: |  | Company |  | | | | |
| Address  Post Code: | | | | | | | |
| Telephone No: | | | | | | | |
| Email Address: | | | | | | | |
| **7b: Previous Employment** | | | | | | | |
| Contact Name: |  | Company |  | | | | |
| Address:  Post Code: | | | | | | | |
| Telephone No: | | | | | | | |
| Email Address: | | | | | | | |
| **Section 8: Criminal Record** | | | | | | | |
| We are required under the Health & Social Care Act 2008, to obtain an Enhanced & Barred  Disclosure through the Disclosure and Barring Service for any person who is a domiciliary care worker. If your application is successful, we will need to obtain this check before we can confirm your appointment. We will only pass information from the disclosure to those authorised to receive it, in the course of their role. If you have a criminal record, we will not automatically disqualify you from a role with us.  We carry out checks on staff periodically throughout their employment as part of our legal obligations and commitment to protecting the vulnerable adults we care for. Please ask if you would like to see our policy on the Recruitment and Selection process. | | | | | | | |
| Do you have any convictions, cautions, reprimands or final warnings that are that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions order 1975) (as amended in 2013) | | | | YES |  | NO |  |
| Date of conviction, caution, warning or reprimand | | Details | | | | | |
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| **Section 9: Task Ability Schedule** |
| Please **tick** each task in which you are experienced: |

**Personal Hygiene Nutrition**

Bath/shower/strip wash Preparing meals

Bed bath Feeding

Use of bath aids Food handling

Shaving Food presentation

Oral hygiene (mouth care including dentures)

Hair Care

Nail Care (excl. toenails) **Administrative Abilities**

Report writing

Foot Care Recording instruction from GP/nurse

Dressing/undressing Recording changes in client’s condition

Care of eyes

**Medication** **Practical Tasks**

Level 1 Prompt/Assist Light housework/ Shopping

Level 2 Administer Washing personal laundry

Level 3 Administer using specialist techniques Bed making/changing bed

Instillation of eye, nose and eardrops

**Continence Management Areas of Specialism**

Continence care Older people

Bedpans/commodes etc Palliative Care/End of Life

Changing a catheter bag Physical disability

Stoma Care Supporting clients with infectious diseases

Mental health

Learning disabilities

Young Adults and 60+

**Mobility**

Moving and handling

Use of hoist (manual/electric)

Support with walking aids

Supporting and moving clients

**Monitoring**

Water temperature

Fluid intake

Nutritional intake

Urine output

Bowel movement

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| **Day** | **Core Hours**  always available  **(enter times)** | | | | | **Optional**  May take extra work  (**enter times**) | | | | **Unavailable**  Cannot take work  **(enter times)** | | |
| Monday |  | | | | |  | | | |  | | |
| Tuesday |  | | | | |  | | | |  | | |
| Wednesday |  | | | | |  | | | |  | | |
| Thursday |  | | | | |  | | | |  | | |
| Friday |  | | | | |  | | | |  | | |
| Saturday |  | | | | |  | | | |  | | |
| Sunday |  | | | | |  | | | |  | | |
| **10b: Night Work** | | | | | | | | | | | | |
| **Sleeping Night** – this means that you and sleep and may be woken up if the client needs you If woken it would be approximately 15 mins and no more than 3 times during the night. | | | | **Waking Night** – this means you can sleep but be expected to wake up to provide planned care for a short period of or you are woken more than 3 times during the night. | | | | | **Working night** – this means that the client has high needs through the night and therefore you are expected to work a night shift and must remain awake throughout the night | | | |
| Please indicate the type of night work that you are available for, or indicate that you are not available for night work by ticking | | | | | | | | | | | | |
| Sleeping Night | |  | Waking Night | |  | | Working Night |  | | | No Night Work |  |

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| **Live-in-care** | | | | | | | |
| Would you like to be considered for live-in-care | | | YES | |  | NO |  |
| If you have answered ‘Yes’ do you have any restrictions that Reliable Community Care Services need to take into account: | | | | | | | |
| **Any other work information we should know?** | | | | | | | |
| Is there anything else that you need to tell us about your work pattern (e.g. cyclic work patterns) | | | | | | | |
| Amount of hours that you can work per week | | | | | | | |
| Times we can contact you | | | | | | | |
| **Section 11: Working Time Regulations** | | | | | | | |
| If you **DO** wish to work **more than 48 hours per week**, it is necessary to sign the form below to show that you are available. | | | | | | | |
| I (name) ………………………………………… confirm that I want to be able to work more than 48 hours per week and that I will give you adequate notification in writing should I wish to reduce these hours to less than 48 hours. | | | | | | | |
| Signature |  | Date | |  | | | |
| If you **DO NOT** wish to work more than 48 hours per week, it is necessary to sign the form below to show that you are not available | | | | | | | |
| I (name) …………………………………………confirm that I do not want to work more than 48 hours a week, I will however, inform you should my circumstances change and I am able to do more than 48 hours work per week. | | | | | | | |
| Signature |  | Date | |  | | | |

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| **Section 12: Right to work in the UK** | | | | | | | | | | | |
| I (name) …………………………………………… confirm that I have the right to work in the UK and provide the correct documents/work permits/visas to evidence this. | | | | | | | | | | | |
| Signature |  | | | | Date | | |  | | | |
| **Section 13: Vehicle declaration for work and related road safety** | | | | | | | | | | | |
| I have a current UK driving license | | | | | | Yes | | |  | No |  |
| My car has a valid MOT | | | | | | Yes | | |  | No |  |
| My car is taxed | | | | | | Yes | | |  | No |  |
| I have business Class 1 car insurance | | | | | | Yes | | |  | No |  |
| Penalty points (endorsements) on my driving license | | | | | | | | | | | |
| Signature | |  | | Date | | |  | | | | |
| **Section 14: Applicant Declaration for work** | | | | | | | | | | | |
| I declare that the information given on this application form is true. I understand that all personal information about me which relates to my position with Reliable Community Care Services is confidential, but I hereby give my permission for this information to be made available, on an ‘as needs to know’ to and including the Regulatory Body and those authorised within the Local Authority.  Reliable Community Care Services has provided me with information about data protection so that I know how my information will be handled.  I hereby agree that I shall not disclose confidential information to any third party, unless I have written consent from Reliable Community Care Services.  I understand that if any aspect of this declaration is false, or I disclose any confidential information, it is liable to lead to actions being taken and it may affect the offer of work being made to me.  I certify that I have answered all questions truthfully and fully and will notify Reliable Community Care Services if there are any changes or updates to the information given. | | | | | | | | | | | |
| Applicant’s full name | | |  | | | | | | | | |
| Applicant’s signature | | |  | | | | | | | | |
| Date | | |  | | | | | | | | |