



## Application Form

Personal Details							
Title: Miss / Mrs / Ms / Mr		Name:					
Address:							
Tel: (home)				Tel: (mobile)			
E-mail:							
Nationality:				Date of birth:			
Position applied for:							
How did you hear about this vacancy?							
NI number:				Do you hold a FULL UK driving licence? Yes / No			
Date available to start work?				Hours per week you are available to work?			
Please list any holidays you have booked:							
Availability – please indicate with a tick (✓) which days/times you are available to work.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Are you willing to work split shifts? i.e. MORNING LUNCH TEA EVENING YES / NO							
Home Care Assistants tend to work between 7am and 10pm - are you willing to do that? YES / NO							
Are there any restrictions on you taking up work in the UK? Yes / No (if yes please provide details)							
Employment History							
Please account for your movements in the last 10 years, without a break, giving reasons for any gaps in employment. Please start with the most recent and work backwards, continuing on a separate sheet if necessary.							
Name and address of employer			Dates From /To	Position held		Reason for leaving	

Education				
Dates		Name of secondary school, college or university	Subjects studied	Qualifications
From	To			

**Experience Checklist**

To enable us to assess your experience, please tick the relevant boxes below if you have experience in that area.

Personal Care	Mobility	Medication
Bath/shower/strip wash <input type="checkbox"/>	Moving and transferring <input type="checkbox"/>	Prompting <input type="checkbox"/>
Bed bath <input type="checkbox"/>	Use of hoists <input type="checkbox"/>	Assisting <input type="checkbox"/>
Use of bath aids <input type="checkbox"/>	Use of walking aids <input type="checkbox"/>	Administering <input type="checkbox"/>
Shaving <input type="checkbox"/>	Use of slide sheets <input type="checkbox"/>	Ordering <input type="checkbox"/>
Oral hygiene <input type="checkbox"/>	General	Training
Hair care <input type="checkbox"/>	Light housework <input type="checkbox"/>	Care Certificate <input type="checkbox"/>
Foot care <input type="checkbox"/>	Making beds <input type="checkbox"/>	LEVEL 2 Health & Social Care <input type="checkbox"/>
Dressing/undressing <input type="checkbox"/>	Laundry <input type="checkbox"/>	LEVEL 3 Health & Social Care <input type="checkbox"/>
Continence Care	Shopping <input type="checkbox"/>	Food Hygiene <input type="checkbox"/>
Use of catheter bags <input type="checkbox"/>	Meal preparation <input type="checkbox"/>	Health and Safety <input type="checkbox"/>
Use of commodes <input type="checkbox"/>	Palliative care <input type="checkbox"/>	Moving and Handling <input type="checkbox"/>
Incontinence pads/pants <input type="checkbox"/>	Others (please list)	First Aid <input type="checkbox"/>
Use of colostomy/stoma bags <input type="checkbox"/>		Safeguarding <input type="checkbox"/>
Others (please list)		Medication Management <input type="checkbox"/>
		Dementia Awareness <input type="checkbox"/>
		Others (please list below)

Please give details of any other skills, knowledge or achievements which you believe are relevant to the post.

**Referees - any offer of employment is subject to the receipt of satisfactory references.**

Please provide details of two referees whom we may approach regarding this Job Application. These referees must not be friends or members of your family, and one must be your present or most recent employer.

**Professional Reference**

Name:	Position:
Organisation:	
Address:	
Tel:	E-mail:

Personal Reference	
Name:	How is this person known to you?
Address:	
Tel:	E-mail:
Hobbies - please tell us what you like to do in your spare time.	
Cautions, Rehabilitation and Criminal Records	
<p>The provision relating to the non-disclosure of criminal convictions does not apply to certain occupations and activities. The position for which you are applying is one which is exempt under the above mentioned Order. Therefore, it is necessary for you to disclose any criminal convictions, even if, under the Rehabilitation of Offenders Act, they would otherwise be regarded as 'spent'. Any information will be completely confidential and will be considered only in relation to this application. In addition you are required to submit to an enhanced Disclosure and Barring Service (DBS) check. Any disclosure made by the DBS will remain strictly confidential.</p> <p>Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES / NO. If YES, please give details:</p>	
Next of kin (emergency contact) details	
Name:	Relationship to you:
Address:	
Tel: (home)	Tel: (mobile)
Special Requirements (Care Sector)	
<p>Because this position involves the care of vulnerable adults employment is dependent on the following:</p> <ol style="list-style-type: none"> <li>1. Your written consent to obtaining an enhanced disclosure certificate from the Disclosure and Barring Service.</li> <li>2. Such disclosure being acceptable to us.</li> <li>3. Proof of identity – passport, birth or marriage certificate (where appropriate).</li> <li>4. Proof of eligibility to work in the UK.</li> <li>5. Two satisfactory written references.</li> </ol>	
Declaration (please read carefully before signing this application)	
<p>The information I have given in this application form is, to the best of my knowledge, complete and accurate in all respects. I understand that to knowingly give false information will disqualify me from being employed by The Caring Choice Ltd. I understand that to legally work for The Caring Choice Ltd, I will need a DBS check certificate which remains my property and agree to pay the costs of the DBS check if I am offered employment. I undertake to inform The Caring Choice Ltd immediately if my DBS Register status or criminal status changes at any time during my employment.</p>	
Signed:	Date:
<p>Do you require any adjustments/special arrangements to be made when attending the interview? YES / NO</p> <p>Please return this completed application form to:</p> <p>The Caring Choice Ltd, 20A Cowley Lane, Sheffield S35 1SY E-mail: <a href="mailto:info@tcarec.co.uk">info@tcarec.co.uk</a></p> <p>Tel : 0114 2455 335</p>	