
APPLICATION FOR ENTRY ONTO THE REGISTER OF CARERS

PLEASE NOTE: WE WILL NEED TO SEE THE ORIGINALS OF ANY PHOTOCOPIES YOU ENCLOSE WITH THIS APPLICATION. THESE CAN BE BROUGHT TO THE INTERVIEW (IF SELECTED.)

WE WILL ALSO NEED TO SEE PROOF OF YOUR NATIONAL INSURANCE NUMBER AND ELIGIBILITY TO WORK WITHIN THE U.K.

Your Data

To process your application, we need to record and store your details on our secure database. If this basic level of permission is not granted, then we will not be able to continue with this application.

Please confirm below that you give Able Community Care Ltd permission to store your details.

I do

I do not

Able Community Care Ltd promises never to share or sell your information to other organisations or businesses and you can opt out of our communications at any time by phoning 01603 764567, writing to Able Community Care, The Old Parish Rooms, Whitlingham Lane, Trowse, Norwich, NR14 8TZ or by sending an email to info@ablecommunitycare.com.

Your information will be kept for 1 year after the end of registration unless you ask us to remove it from our records. After this time, the information we keep about you will be minimised and archived.

If you would like to read our full Privacy Statement, please request a copy by contacting us as above.

Personal Details - Please complete this section in BLOCK letters

Surname _____ Forenames _____

Address _____

_____ Post Code _____

Main Tel Number _____ N. I. Number _____

Mobile Number _____ Email Address _____

If you prefer not to receive our correspondence by email, tick here

Please give the FULL details of a person to be contacted in an emergency.

Name _____ Address _____

Tel. No. _____ Relationship _____

Do you have any religious beliefs we should pass on to the clients Yes/No

If Yes please list _____

Do you smoke? Yes/No If yes, how many per day _____ Can you manage without? Yes/No

Do you hold a **FULL** UK manual driving licence? Yes/No Please quote number _____

Do you have a car available? Yes/No **This must be insured for business use.**

If yes please quote insurers name _____ Policy expiry date _____

Are you prepared to drive a client's car? Yes/No

Are you prepared to work **OUTSIDE** the **COUNTY** in which you live? Yes/No

Skills & Experience

To enable us to match your previous experience and skills to a clients care needs, please indicate which of the following areas of care work you have experience of. Delete the answers that are not applicable.

Peg Feeding Yes/No Colostomy care (changing bag only) Yes/No

Learning difficulties Yes/No Spinal Injury care Yes/No

Acquired Head Injury care Yes/No Client senile dementia Yes/No

Parkinsons Yes/No Cerebral Palsy Yes/No

Muscular Dystrophy Yes/No MS Yes/No

Terminal Illness Yes/No HIV/AIDS Yes/No

Urinary incontinence Yes/No Faecal incontinence Yes/No

Personal hygiene (washing etc.) Yes/No Mental illness care Yes/No

Client confusion Yes/No Stroke Yes/No

Client aggression (verbal & physical) Yes/No Epilepsy Yes/No

Have you been taught M&H Techniques? Yes/No Do you have certificates? Yes/No

Please state where & date _____ Please enclose a copy.

Have you been taught to use a hoist? Yes/No Do you have certificates? Yes/No

Please state where _____ Please enclose a copy.

Any other relevant experience _____

Please give details of any experience you have had in a caring capacity, either on a paid, voluntary or personal basis. Please give details of any professional qualifications you have e.g. NVQ, BTEC etc. and BRING ALL CERTIFICATES TO THE INTERVIEW. Please send photocopies of these certificates with this application.

Additional Information

How do you consider your cooking skills? Are you prepared to cook meals according to your client's wishes, learning new recipes if required?

How do you consider your domestic skills? This is essential to the role of a live in carer.

Please give details of any hobbies you enjoy _____

Any other relevant information _____

Have you applied to or worked for Able Community Care before? Yes/No

If yes please give details (dates etc.) _____

Health Record

Are you taking any medication prescribed or unprescribed?

Yes/No

If yes please specify medication and purpose of use _____

Full Employment History is required. Please attach an additional sheet if required. Please include gaps in Employment history.

Employer	Dates	Duties	Reason for Leaving

References It is our policy to take up references prior to interview.

PLEASE PROVIDE THE FULL NAMES, ADDRESSES, TELEPHONE NUMBERS AND RELATIONSHIP DETAILS OF TWO PEOPLE WHO WILL GIVE YOU A REFERENCE. ONE MUST BE A CARE REFERENCE. YOU MUST HAVE KNOWN THEM FOR AT LEAST 12 MONTHS AND NOT BE RELATED TO THEM. WE WILL CHECK THE CARE REFERENCE AGAINST THE CQC LIST OF REGULATED PROVIDERS.

PLEASE NOTE: We cannot accept **PRIVATE** addresses for referees unless they are providing a character reference.

It is also our policy, under the Police Act 1997, to apply for a "Disclosure" prior to accepting carers on to our Register. The procedure will be explained to you if you are selected for interview.

Please note it is company policy that a DBS check is required.

Please note you will be required to provide a copy of your own Public Liability Insurance prior to commencing work.

Employment Reference

1) Contact Name _____ Address _____

Landline No _____ E-mail _____

Company Name: _____

Personal Reference

2) Name _____ Address _____

Tel No _____ Email _____ Relationship _____

Rehabilitation of Offenders Act (1974)

Protection under the above Act is not afforded to persons applying for the position of Carer. This is a job which is exempt under the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). You must therefore answer the following question.

Do you have any criminal convictions either "spent" or "unspent" Yes/No

Do you have any criminal proceedings pending? Yes/No

Date of answering this question _____

Please state in your own words why you feel you are suited to being a live in carer. **THIS MUST BE COMPLETED**

Please would you sign the statement below, thank you.

I confirm that the information I have given on this form is true and correct. I am fit and able to carry out the tasks of a self-employed carer.

Signed _____ Date _____

Please say how you heard about the Agency (e.g. website, search engine advertisement, specific post, etc.)
If newspaper please state which paper, if through somebody registered with Able please state name.

Please ensure that the following documentation is enclosed when returning this form:

- * Copy of driving licence, if applicable
- * Recent passport size photograph
- * Copy current DBS Certificate, if applicable

We may not be able to process your application if these are not enclosed.

If you have any friends who may be interested in this type of work, please advise us of their name and address and we will send them details.

Thank you very much for contacting Able Community Care, we look forward to hearing from you.

Able Community Care Ltd, The Old Parish Rooms, Whitlingham Lane, Trowse, Norwich NR14 8TZ
Registered number: 07490736 Registered in England and Wales VAT number: 552696317
Registered Office: The Old Parish Rooms, Whitlingham Lane, Trowse, Norwich NR14 8TZ