



APPLICATION FORM: PLEASE COMPLETE FULLY AND IN CAPITALS

Position Applied For: (please circle)	Care Worker	Sleep Nights/Awake	Live In
	Coordinator	Senior/Supervisor	Management
Date of Application:			
Preferred Working Hours:	less than 16	more than 16	

What is your normal mode of transport? (please circle)	Walker	Cyclist
	Driver	Moped
DRIVERS ONLY: Do you have use of a reliable vehicle?	Yes / No	

Personal Details

Title: (Please circle)	Miss	Mrs	Ms	Mr
Forename:				
Surname:				
Date of Birth:				
Address: (Please include full details – postcode, county etc)				
Home Number:				
Mobile Number:				
Email Address:				

Employment History (Start with current employer)

Employers Name	Dates	Salary	Reason for leaving
	To & From		
<i>Current employer</i>			<i>What is your notice period?</i>
<i>Past employer</i>			
<i>Past employer</i>			
<i>Past employer</i>			
<i>Past employer</i>			

PAST WORK / LIFE EXPERIENCE:

If you have care experience, please briefly explain what you have done? If no care experience, why do you feel you would be suited to this position?

Education

School / College / University	Qualifications

CARE RELATED TRAINING HISTORY

Training Received	Date	Grade / Pass / etc	Do you have the qualifying certificate?	
<i>Care certificate</i>			Yes	No
<i>Medication</i>			Yes	No
<i>Moving and handling</i>			Yes	No
<i>Food hygiene</i>			Yes	No
<i>Infection control</i>			Yes	No
<i>Safeguarding</i>			Yes	No
<i>Diploma/NVQ</i>			Yes	No
<i>Other</i>			Yes	No
<i>Other</i>			Yes	No

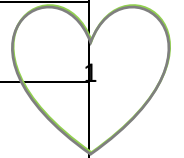
Do You Have Any Medical Conditions?	YES (detail below)	NO
Examples of medical conditions: Depression or Anxiety Back/Knee or Joint problems Muscle Heart Conditions Epilepsy Diabetes Operations in the past year or Pending Operations	Please explain: <i>(use a separate sheet of paper if required)</i>	
How many days sick have you had in the past year?		

GP Details

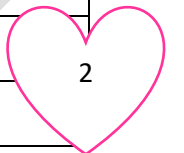
GP Surgery:	
GP Name:	
Telephone Number:	
Address:	

References (Please provide 3 references TWO past Employers ONE Character)

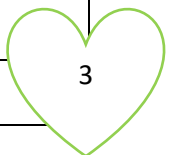
Name of Contact:	
Job Title of Contact:	
Company:	
Address:	
Telephone:	
Email Address:	



Name of Contact:	
Job Title of Contact:	
Company:	
Address:	
Telephone:	
Email Address:	



Name of Contact:	
Relationship to Applicant:	
Company:	
Address:	
Telephone:	
Email Address:	



CONFIDENTIAL

HOURS OF WORK

We provide care when our clients need us, therefore, your working hours should also include some of the following time bands- please answer questions below:

Earlies (7am to 9 am) I can accommodate this time band YES / NO / MAYBE

If you cannot commit, please explain:

Lates (6pm to 10pm) I can accommodate this time band YES / NO / MAYBE

If you cannot commit, please explain:

Weekends (every other is usual) I can accommodate this time band YES / NO / MAYBE

If you cannot commit, please explain:

Now...Let's talk...

What is the best method of contacting you to arrange an interview?	Landline / Mobile / Text / Email / Post
When is the best day & time to contact you?	

Declaration – Non-Optional Section

I can confirm that the information I have provided is complete and correct, and that I understand that any incomplete, untrue or misleading information provided will entitle In Home Care to reject my application, withdraw any employment offer made, or if I am employed, dismiss me without notice.

By signing this declaration, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared.

I agree that the employer reserves the right to require me to undergo any medical examination to assess my suitability for night work.

Signed..... **Date**.....