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Company Reg. No. 4609560

Care Direct (Wales) Ltd

Application Form

NAME: _____

Date Application Received: ____ / ____ / ____



Application for entry onto the Register of Carers

PRIVATE AND CONFIDENTIAL

Care Direct (Wales) Ltd employ Multi-Professional staff to improve, develop and supply care for people in their own homes. The range of care we provide varies from tea making to looking after those with terminal illness.

Our aim is to improve the Service User's quality of life through consistent, conscientious and professional support, whilst assisting them to maintain their independence and remain self-sufficient.

PLEASE USE CAPITAL LETTERS WHEN COMPLETING.

Position Applied for: _____ Location _____

Have you ever applied to Care Direct (Wales) Ltd in the past? YES NO

If YES when? _____

PERSONAL DETAILS

Surname: _____ Previous name if any: _____

Forenames (in full): _____ Mr/Mrs/Ms/Miss: _____

Address: _____

Postcode: _____ E-Mail address: _____

Home Tel No: _____ Mobile: _____

Date of Birth: ____ / ____ / ____ Nationality: _____ Marital Status: _____

National Insurance Number: ____ / ____ / ____ / ____ / ____

Name of Emergency Contact: _____ Tel No: _____

Relationship to you: _____ Next of Kin: _____

Are you a citizen of the EU or EEA? YES NO

If NO do you have a work permit? _____

Do you have an NVQ in Health and Social Care YES NO

If YES what level achieved: _____

Are you registered with the Care Council for Wales YES NO

If YES Please state your Expiry Date ____ / ____ / ____

EDUCATION

Name and Address of School/College	From: Mth/Year	To: Mth/Year

QUALIFICATIONS GAINED

Qualification or Course	Grade Obtained

HOBBIES AND INTERESTS

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EMPLOYMENT

Present or most recent employer and address Please include any voluntary work	Position held	Reason for leaving	From: Mth/Year	To: Mth/Year

Previous employer(s) and address(es) Please include any voluntary work	Position held	Reason left	From: Mth/Year	To: Mth/Year

HEALTH AND DISABILITIES

Doctors Name: _____ Doctors Tel No: _____

Doctors Address: _____

If the answer is yes to any of these question in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

Have you ever had:	Delete as applicable	Additional information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	Yes/No	
Chest pain, heart condition or raised blood pressure?	Yes/No	
Blackouts, fits or attacks of giddiness?	Yes/No	
Depression, mental illness or nervous breakdown?	Yes/No	
Rheumatism or arthritis?	Yes/No	
Back trouble?	Yes/No	
Typhoid, paratyphoid or other gland trouble?	Yes/No	
Digestive or other bowel disease?	Yes/No	
Diabetes, thyroid or other gland trouble?	Yes/No	
Bladder or kidney trouble	Yes/No	
Dermatitis or skin trouble?	Yes/No	
Varicose veins?	Yes/No	
Any other accident, operation or illness?	Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	Yes/No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	Yes/No	
Do you smoke? If "Yes" can you manage without smoking	Yes/No Yes/No	
Are you taking any medication?	Yes/No	

EXPERIENCE

Our Service User's need varying degrees of help and assistance; we therefore need to know which aspects of care you can achieve:

Please tick either YES or NO to the following:

	YES	NO
Moving Handling? (Help to bed bath, toilet, wheelchair etc)	<input type="checkbox"/>	<input type="checkbox"/>
Have you been taught to use a hoist? (If "YES" where and when)	<input type="checkbox"/>	<input type="checkbox"/>

Can you cope with?

	YES	NO
Incontinence?	<input type="checkbox"/>	<input type="checkbox"/>
Senile Dementia?	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Aggression?	<input type="checkbox"/>	<input type="checkbox"/>
Physical Aggression?	<input type="checkbox"/>	<input type="checkbox"/>

Have you experience of:

	YES	NO
Confusion?	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene (Washing, Dressing)?	<input type="checkbox"/>	<input type="checkbox"/>
Some people require assistance at night, would you be able to Assist?	<input type="checkbox"/>	<input type="checkbox"/>

Cooking skills: Good <input type="checkbox"/> Average <input type="checkbox"/>	Domestic skills: Good <input type="checkbox"/> Average <input type="checkbox"/>
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Have you had any First Aid training? YES NO (If "YES" where and when)

Do you wish to work

	YES	NO
Full Time (with minimum time off)	<input type="checkbox"/>	<input type="checkbox"/>
Part Time (26 hours or less)	<input type="checkbox"/>	<input type="checkbox"/>
Nights (sitting)	<input type="checkbox"/>	<input type="checkbox"/>
Nights (sleeping)	<input type="checkbox"/>	<input type="checkbox"/>

Are you prepared to work outside the area you live?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to work weekends?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to take out personal accident insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked through an Agency before?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold a full driving license?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own your own car?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any driving convictions? If yes please give details:	<input type="checkbox"/>	<input type="checkbox"/>

Are you entitled to any concessionary permit on Public Transport?	<input type="checkbox"/>	<input type="checkbox"/>
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PAST CARE EMPLOYMENT

Please provide information on any employment within the Care Sector from leaving school to present. We will need to write to these employers for references.

Employer	Position held	Reason left	From: Mth/Year	To: Mth/Year

CARE COURSES ATTENDED

Course	Qualification Obtained

AVAILABILITY

Please complete all boxes with the times you will be available on a regular basis.

TIME	MON	TUE	WED	THURS	FRI	SAT	SUN
AM							
AM							
AM							
AM							
MID DAY							
PM							
PM							
PM							
PM							

REHABILITATION OF OFFENDERS ACT 1974

By Virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Amendments) Order 1986 the Provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to the persons in receipt of such services in the course of his/her normal duties.

Your answer to the following question should include any 'spent' convictions.

Have you ever been convicted of a criminal offence? Yes No (If yes, please give details below).

DOH circular (88/9) Protection of Children requires us to carry out checks on police records for members whose assignments will give them substantial access to children.

Do you agree that such checks will be made concerning you? Yes No

Do you agree to pay half of the cost of the Criminal Records Check? Yes No

EQUAL OPPORTUNITIES AND RACE RELATIONS.

CareDirect (Wales) Ltd is a company committed to equal opportunities in the delivery of home care. It supports the statutory requirements of the Race Relations Act 1976, the Sex Discriminations Act 1975 and Age discrimination Act 2006.

DATA PROTECTION ACT 1998

The Employee consents to records regarding his/her application being held on file for such purposes as to maintain a database of Employee's etc. The records held in strict confidence in accordance with the Data Protection Act 1998. If the Employee no longer wants the Agency to seek assignments for Him/Her then the Agency should be notified and the Employee's records will be destroyed after such time as stated by the Care Standards of Wales Regulations 2004.

CRIMINAL CHECKS

It is the Company's intention to run criminal check's via the Criminal Records Bureau and all information will be kept in the strictest confidence in accordance with the Data Protection Act 1998, and used only in consideration for their suitability for the post applied for.

DECLARATION (Please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the Care Direct (Wales) Ltd reserves the right to require me to undergo a medical examination, in addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that Care Direct (Wales) Ltd will apply to the Criminal Records Bureau for an enhanced disclosure. I also agree that Care Direct (Wales) Ltd may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of Care Direct (Wales) Ltd, any offer of employment may be withdrawn or my employment terminated.

Signed: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Application Form Received:

Date:

Reference 1

Date Reference Requested:

Received Date:

Date Reference Verified:

Verified By:

Position of Person Verified

Reference 2

Date Reference Requested:

Received Date:

Date Reference Verified:

Verified By:

Position of Person Verified:

C.R.B. Sent:

Date:

C.R.B. Received:

Date:

Outcome: *(Tick if OK)*

If Not OK Report Made:

Date:

Outcome of Report:

Date:

Has Report Been Filed

YES

NO

Date of Interview:

Interviewer:

Start Date:

Date of Leaving:

ID Badge Issued:

Date:

Job Description Issued:

Date:

Contract of Employment Issued:

Date:

Policies Procedures and Disciplines Issued:

Date:

Employee's Handbook Issued and signed for:

Date: