Daily Care Suffolk Ltd

COMMUNITY CARER APPLICATION – IN CONFIDENCE

The information you provide to us will be used for the purposes of considering your application and assessing your suitability for the job only and will be processed by us in accordance with the Data Protection Act 2018 - incorporating The General Data Protection Regulations

PERSONAL DETAILS			
TITLE			
NAME			
ADDRESS			
POSTCODE			
TELEPHONE			
TELEPHONE - MOBILE			
E-MAIL			
DATE OF BIRTH			
NI NUMBER			
DATE LEFT FULL TIME EDUCATION			
DO YOU HAVE LEGAL STATUS TO WORK IN THE UK (Confirmation proof will be required)		**YES**	**NO**
COVID VACCINATION STATUS – FIRST VACCINE	**YES**	**Date:**	**NO**
COVID VACCINATION STATUS – SECOND VACCINE	**YES**	**Date:**	**NO**
COVID VACCINATION STATUS – BOOSTER (Autumn 2021)	**YES**	**Date:**	**NO**
COVID VACCINATION STATUS – BOOSTER (Autumn 2022)	**YES**	**Date:**	**NO**
FLU VACCINATION – current season	**YES**	**Date:**	**NO**

DRIVING RECORD	
Being able to drive and have an insured (business use- proof required) and taxed vehicle is a requirement of this employment	
DO YOU DRIVE	**YES/NO**
DO YOU HOLD A VALID DRIVING LICENCE	**YES/NO** COUNTRY OF ISSUE:
DO YOU OWN A CAR THAT ARE WILLING TO USE IN CONNECTION WITH THIS APPLICATION	
IS YOUR LICENCE SUBJECT TO ANY ENDORSEMENT'S – PLEASE GIVE DETAILS IF YES	
HOW DID YOU HEAR ABOUT THIS VACANCY	
ARE YOU LOOKING FOR FULL OR PART TIME HOURS	
HOW MANY HOURS A WEEK ARE YOU LOOKING FOR	
EAIRLIEST DATE YOU AVAILABLE TO START	
ARE YOU A SMOKER	**YES/NO**

WHICH DAYS ARE YOU **AVAILABLE** TO WORK – PLEASE CIRCLE
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY - ANY

CARERS TEND TO WORK IN SHIFTS OF MORNING LUNCH TEA AND EVENING AND ALTERNATE WEEKENDS – PLEASE INDICATE WHICH YOU WOULD BE AVAILABLE FOR								
DAY	**MORNING (7-11)**		**LUNCH (11-3)**		**TEA (3-4.30)**		**EVENING (6-9.30)**	
MONDAY	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*
TUESDAY	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*
WEDNESDAY	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*
THURSDAY	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*
FRIDAY	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*
SATURDAY	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*
SUNDAY	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*	*YES*	*NO*

EMPLOYMENT HISTORY – **Ensure complete history is given since leaving full time education**		
List your most recent/current employer first. If there are any breaks from employment, please explain. If you need to detail further employment/work experience, attach it as a separate sheet.		
EMPLOYER NAME	**MANAGERS NAME**	
ADDRESS		
TELEPHONE		
EMPLOYED FROM	TO	
JOB TITLE AND DUTIES		
WHAT WERE YOUR DUTIES WITHIN THIS JOB ROLE		
REASON FOR LEAVING/WISHING TO LEAVE		
May we contact this employer for a reference prior to possible employment?	**YES**	**NO**
EMPLOYER NAME	**MANAGERS NAME**	
ADDRESS		
TELEPHONE		
EMPLOYED FROM	TO	
JOB TITLE AND DUTIES		
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EDUCATION, QUALIFICATIONS & EXPERIENCE		
EDUCATION – PLEASE LIST QUALIFICATIONS ACHIEVED (SCHOOL/COLLEGE OR UNIVERSITY)		
DO YOU HOLD CURRENT CERTIFICATES IN	**YES/NO**	DATE ACHIEVED
MOVING & POSITIONING		
INFECTION CONTROL		
MEDICATION ADMINISTRATION		
FIRST AID/BASIC LIFE SUPPORT		
SAFEGUARDING ADULTS		
FOOD HYGIENE		
DEMENTIA AWARENESS		
HOLD THE CARE CERTIFICATE		
DO YOU HAVE AN NVQ/QCF IN ADULT SOCIAL CARE	**YES / NO**	LEVEL:
DESCRIBE ANY SPECIALISED TRAINING, SKILLS OR EXPERIENCE THAT ARE RELEVANT TO THIS APPLICATION		
WHAT ARE YOUR HOBBIES & INTERESTS		

REFERENCES
PLEASE PROVIDE DETAILS OF 2 REFEREES WHO WE MAY APPROACH **BY EMAIL** WITH REGARD TO THIS APPLICATION. THESE REFEREES MUST NOT BE MEMBERS OF YOUR FAMILY AND ONE MUST BE YOUR PRESENT/MOST RECENT EMPLOYER
1) NAME ADDRESS TELEPHONE No POSITION **EMAIL ADDRESS**
2) NAME ADDRESS TELEPHONE No POSITION **EMAIL ADDRESS**

ADDITIONAL INFORMATION
We are obliged by law to check your identity and that you are permitted to work in the UK. You will be required to provide us with the necessary evidence (original documents) before an offer of employment can be made. If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are entitled to ask Exempted Questions as defined by Section 113(5) of *The Police Act 1997* about you. We are required by *The Domiciliary Care Agencies Regulations 2002* to acquire a Criminal Record Certificate in relation to any person involved in direct care work for us for example in the role of Care Giver or Team Leader or above. This means that if your application is successful, we will obtain from the Criminal Records Bureau a Criminal Record Certificate relating to you before your appointment is confirmed. Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the *"Code of Practice for Registered Persons and Other Recipients of Disclosure Information"* published by the Criminal Records Bureau on behalf of the Home Office, and we will provide you with a copy of it upon request. We may seek to verify the information provided to us in this application form.

DECLARATION - PLEASE READ THIS PART CAREFULLY		
DO YOU HAVE A CRIMINAL RECORD	**YES**	**NO**
This does not apply to convictions which are spent under the Rehabilitation of Offenders Act 1974. If yes, please describe the conviction(s) fully, listing the dates and nature of the offence(s), use a separate sheet if necessary: (Note that a 'Yes' answer does not automatically disqualify you from employment, since the nature of the offence, date, the job for which you are applying are also considered.)		
DO YOU CONSENT TO AN ENHANCED DBS CHECK	**YES**	**NO**
Do you have any medical/health condition that The Daily Care Agency should be aware of? (Back/Joint pain/Diabetes etc.)	**YES**	**NO**

DECARATION – CONT:	
To the best of my knowledge the information on this application is complete and correct. I understand that falsifying information may disqualify me from being considered for employment by The Daily Care Agency and, if I am employed by The Daily Care Agency, may be cause for instant dismissal.	
PRINT NAME	
YOUR SIGNATURE	
DATE OF SIGNING	

PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS

PLEASE SEND THIS COMPLETED AND SIGNED APPLICATION FORM TO
MRS N WYARTT THE DAILY CARE AGENCY HIGH BANKS ATHELINGTON ROAD HORHAM EYE SUFFOLK IP21 5EH OR EMAIL TO: nikkiw@dailycaresuffolk.co.uk (WORD DOCUMENT OR PDF FORMAT ONLY - please)

OFFICE USE:

ISSUED		RET		SOURCE	WEB
DCA No	DCA -	Round -1		QCS	
NMDS		Round - 2			
UCHECK REF			ECM No:		

CCAPP Reviewed:
April 2024