



LIVE IN CARE ASSISTANT APPLICATION FORM

Please answer all questions as far as possible. All the questions are important so if you leave any questions this could affect your application. Some questions are essential and we cannot proceed if they remain unanswered.

PERSONAL DETAILS

Title	
Forenames	
Surname	
Present Address	
Daytime Phone No	
Evening Phone No	
Mobile Phone No	
Email Address	
UK NI number	
Do you smoke?	
Are you a car driver?	
Driving Licence Number	
Do you have a UK Bank Account?	

NATIONALITY

Do you normally live in the UK?
What is your Nationality?
What type of Passport do you have?
Passport Number
Do you have/need a work permit?
Do you have/need workers registration?

Is English your first or second language?

What level is your spoken English?

Very Good----- Good-----Intermediate-----Poor

EMERGENCY CONTACT DETAILS

Name

Relationship

Telephone No

Work Telephone No

WHAT ARE YOUR PLANS IN THE UK?

When would you be available to start work for HHUK?

How long are you able to work as a Live-in carer for HHUK?

WHAT ARE YOU DOING AT PRESENT?

Are you a student (in the UK or Abroad)?

Please give dates of your current employment and a brief description of your current job role.

WORK HISTORY

Please give the dates and details of the jobs you have had over the last 5 years. (All breaks in employment must be accounted for)

EDUCATION AND TRAINING

Please give details of all relevant training.

Please give details of the skills and experience you have, which would make you suitable for the post of a live in carer.

How do you rate yourself as an English cook?

Trained-----Competent-----Plain-----Adequate

DECLARATION OF HEALTH

Do you have any physical or mental health problems which may affect your work? If so please give details;
How many days have you been absent from work in the last 3 years through sickness? Please give details.

Have you been treated in hospital during the last 5 years?
If yes, please give details.

REHABILITATION OF OFFENDERS ACT 1974

The nature of the work for which you are applying is excluded from the operation of section 4(2) of the Rehabilitation of Offenders Act 1974. You must therefore disclose any convictions, cautions or bind overs that you have. Any information given here will be treated as strictly confidential and will be considered only in relation to the posts which are excluded from the operation of the 1974 Act by the Rehabilitation of Offenders Act 1974(Exemption Order)

Do you have any such offences?
If yes, please give details
Signed
Date

REFERENCES

Please give the names and addresses of two referees whom we may contact.

Ref 1 :Name
Address
Phone No

Ref 2 :Name
Address
Phone No

This position will be subject to a CRB Enhanced Disclosure, continuous 5 year work history and 2 satisfactory references.

Signed: _____

Dated: _____

EQUAL OPPORTUNITIES MONITORING

Home Help UK Ltd is committed to being an Equal Opportunities Employer and it is out policy to recruit and promote employees based on their merit. In order to ensure that this is fully implemented, we need to monitor all applications, including those for promotion and transfer. We would therefore ask that you complete the questionnaire below. This form is used for monitoring purposes only and does not serve any part in the selection process.

Name:.....

Position Applied For:.....

Please indicate your ethnic origin (tick as applicable)

Asian Bangladeshi Black African

Black Caribbean Black (other) Chinese

Indian Pakistan White (other)

White (UK National)

Other (Please specify)

Please indicate your age (tick as applicable)

18-20	<input type="checkbox"/>	26-30	<input type="checkbox"/>	41-50	<input type="checkbox"/>	61-65	<input type="checkbox"/>
21-25	<input type="checkbox"/>	31-40	<input type="checkbox"/>	51-60	<input type="checkbox"/>	65 +	<input type="checkbox"/>

Are you: (tick as applicable)

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
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Do you consider yourself to be disabled? (tick as applicable)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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WORKING TIME REGULATIONS

I confirm that I want to be able to work more than 48 hours a week and that I will give you 3 months notice in writing if I wish to reduce my hours to less than 48 hours.

Signed: _____

Dated: _____

If you do not wish to work more than 48 hours per week it is still necessary to sign this form, to show that you do not.

I confirm that I do not want to be able to work more than 48 hours a week.

Signed: _____

Dated: _____