

PERSONAL CARE ASSISTANT APPLICATION FORM

SHAD domiciliary support

Please complete all sections using black ink and block capitals

Personal Details

Title:

Forenames:

Surname:

Name you wish to be known by:

Address:

Postcode:

Telephone Number:

Mobile Phone:

eMail Address:

Date of Birth (dd/mm/yyyy):

National Insurance
Number:

It is probable you may be required to provide support overnight and cover colleagues at short notice. Will this be a problem for you? Please state yes or no:

Tick this box to confirm you are able to commit to SHAD for a minimum of 4 months

Spoken English Language Level (Basic/Conversational/Fluent):

Employment/Placement Eligibility (only complete if not a UK citizen)

Birth Certificate Number:

Nationality:

Passport Number:

UKBA Letter Ref:

Expiry Date (dd/mm/yyyy):

Expiry date (dd/mm/yyyy):

What is your entry status?

Permit/Visa held?

Type/Expiry:

Please note - SHAD is not able to aid you in obtaining a work visa/permit. Please contact your local British Consulate for advice on this subject.

Employment History

Present / Last Employer Name and Address:

Postcode:

Telephone Number:

Job Title:

Date Started:

Date finished:

Description of Responsibilities:

Reason for Leaving:

Previous Employer Name and Address:

Postcode:

Telephone Number:

Job Title:

Date Started:

Date finished:

Description of Responsibilities:

Reason for Leaving:

Your employment/occupation history for the last five years is required. Please add more sheets if required or, if in full time education, state name and address of school/college/university

References

References - SHAD will always apply for at least 2 references, 1 Work and 1 Character

Reference 1 (Present or most recent employer)

Name of Referee:

Position:

Company name:

Address:

Postcode:

Telephone Number:

Fax:

eMail:

Mobile Phone:

Reference 2 (Character)

Name of Referee:

Relationship:

Address:

Postcode:

Telephone Number:

Fax:

eMail:

Mobile Phone:

Please note – Your character referee must not be a friend or a member of your family and SHAD may take up references prior to interview unless requested not to do so

The following documents must be enclosed with your application:

Copy of your Birth Certificate/Passport/Valid EU Identity Document

If you are applying from outside the European Economic Area (EEA), a copy of a valid entry visa to the United Kingdom

Two recent passport size photographs of yourself

Copies of any relevant training/qualification certificates

Copy of any Existing Enhanced CRB Disclosure or, if applying from outside of the United Kingdom, a copy Certificate of Good Conduct or Local Police Report

Training and Development

Training and Professional Qualifications (if any)

Institution	Address	Qualification	Date

Mandatory Training (if any)

Subject	Date Completed	Update Due
Backcare and Safe Movement		
Basic First Aid		
Food Hygiene		
Medication		
NVQ2 Health & Social Care		
Adult Protection		
Stroke Awareness		
Wheelchair Training		

Common Induction Standards

Have you completed Common Induction Standards?

Yes

No

Date of Completion:

Assessing Body:

SHAD requires evidence of all training/qualifications – please supply certificates

Declaration of Health

Please answer **all** questions

Surname:

First Name:

Current Occupation:

Height:	Weight:	Smoker:	Y	N	
Are your parents still alive?	Mother	Y		N	Father
					Y
Are there any family health problems?	Y		N		If Yes please give details:

Name of Your General Practitioner:

Address:

Postcode:

Telephone Number:

Do you have or suffer from:

Yes/No – Details. Please use a separate sheet if required

Injury or Impediment	
Epilepsy / Fainting or Blackouts	
Nervous or Psychiatric Illness	
Infectious Disease	
Asthma, allergies or Respiratory Problems	
Surgical Operations in the Last 12 Months	
Any medical condition or disability including back or joint problems that might prevent/hinder you from lifting or pushing heavy objects or carrying out the essential functions of the role with or without reasonable accommodations?	

Any other medical condition that might affect your ability to work with vulnerable adults	
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Do you, or have you ever, used recreational drugs (yes/no)?

How many days off work/full time education did you miss last year?

Declaration: I declare that the information given herein is true to the best of my knowledge. Furthermore, I am not aware of any condition, medical or otherwise, which would limit or affect my placement or performance. I agree to willingly submit to a medical by SHAD if required. I acknowledge the terms and conditions laid down by SHAD and agree to abide by them.

Print Name:

Signed:

Date:

Rehabilitation of Offenders Act

Because of the nature of the placement for which you are applying, this placement is exempt from the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of placement, any failure to disclose such convictions could result in termination of the placement. Any information given will be completely confidential and will be considered only in relation to the application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application.

A copy of our recruitment and selection policy is available upon request. A criminal record will not necessarily be a bar to obtaining a placement. Further guidance can be obtained by reference to the Criminal Record Bureau's code of practice, a copy of which is available from SHAD or on the CRB website: www.crb.gov.uk

In respect of applicants from outside of the United Kingdom SHAD will require a Certificate of Good Conduct from your home Embassy or police check from your home country. This **must** be provided when applying.

Have you ever been convicted of a criminal offence? Yes No

Have you completed an Enhanced CRB? Yes No

With an Enhanced Disclosure, under Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago they occurred

Do you have any spent or unspent criminal convictions? Yes No

Any Conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your ability for the role you are applying for

Have you provided an original CRB Disclosure? Yes No

Disclosure Number:

Have you supplied additional information with this Registration form for any spent/unspent convictions, cautions or reprimands?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been involved in court proceedings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

You must complete a new CRB Disclosure application form, even if you have one already with your current/previous employer/placement

Marketing Information

How did you hear about SHAD domiciliary support?

SHAD Website	<input type="checkbox"/>	Big Issue	<input type="checkbox"/>	Gum Tree	<input type="checkbox"/>	TNT	<input type="checkbox"/>
SHAD Volunteer	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>	Twitter	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
Other Agency (please state which)	<input type="checkbox"/>	Other (please state where)				<input type="checkbox"/>	

Declaration

Please give any additional information which you may think may be relevant in support of your application on a separate page

Please tick the boxes below in confirmation

- I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence
- I consent to SHAD checking the details I have provided in support of this application form against the various data sources in order to verify my identity and process this application
- SHAD reserves the right to hold this form and any other data required to process your application and keep for as long as necessary in line with the Data Protection Act
- I consent to my personal information being shared as described above and I further consent to my personal file being made available to the Care Quality Commission (CQC), Skills for Care (the workforce development organisation for social care) and Local Authority Social Services
- I acknowledge the terms and conditions laid down by SHAD and agree to abide by them

Print Name:

Signed:

Date:

Equal Opportunities

SHAD adheres to a policy that promotes equal opportunity. To ensure that the policy works effectively please complete the following. This section will be detached from your application and will remain anonymous

Age 18-24 25-34 35-44 45-54 55+

Gender Male Female

Sexual Orientation Bisexual Gay Man Heterosexual/Straight
 Lesbian/Gay Woman Prefer not to say

Gender Identity (Optional): If you identify as a transsexual or transgender or as intersex please indicate which group you identify with

Transsexual Transgender Intersex

Ethnic Origin

White; British Irish Other White

Asian: Bangladeshi Indian Pakistani Other Asian

Black: African Caribbean Other Black

Mixed: White and Black Caribbean White and Black African White and Asian
 Other Mixed

Other: Chinese Other Ethnic Groups Prefer not to say

Do you consider yourself to have a disability?

Yes No Prefer not to say

Religion Bahia Buddhist Christian Hindu Jain

Jewish Muslim Sikh Wiccan Other

No Religion Prefer not to say