



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			
MOBILE			
E-MAIL			
DATE OF BIRTH			
NI NUMBER			
DATE OF LEAVING FULL TIME EDUCATION			
DATE OF THIS APPLICATION		DO YOU HAVE LEGAL STATUS TO WORK IN THE UK	YES NO

DRIVING RECORD	
Being able to drive and have an insured (business use) and taxed vehicle is a requirement of this vacancy	
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 ENDORSMENTS – 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	
WHICH DAYS ARE YOU AVAILABLE TO WORK – PLEASE CIRCLE	
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY ANY	
ARE THERE ANY TIMES/HOURS THAT YOU ARE NOT AVAILABLE	
CARERS TEND TO WORK IN SHIFTS OF MORNING LUNCH TEA AND EVENING – ARE YOU AVAILABLE TO WORK ALL SHIFTS IF REQUIRED	
ARE YOU AVAILABLE FOR SLEEP OVER SHIFTS (10 HOURS NORMALLY BETWEEN 21.00 & 07.00)	
WHEN ARE YOU AVAILABLE TO START	
ARE YOU A SMOKER	YES/NO

EMPLOYMENT HISTORY
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		
WHAT WERE YOUR DUTIES WITHIN THIS JOB ROLE		
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TELEPHONE		
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REASON FOR LEAVING/WISHING TO LEAVE		
May we contact this employer for a reference prior to possible employment?	YES	NO



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 HYGEINE		
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 WITH REGARD TO THIS APPLICATION. THESE REFEREES MUST NOT BE MEMBERS OF YOUR FAMILY AND ONE MUST BE YOUR PRESENT/MOST RECENT EMPLOYER
<p>1) NAME ADDRESS</p> <p>TELEPHONE No POSITION</p>
<p>2) NAME ADDRESS</p> <p>TELEPHONE No POSITION</p>



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
DO YOU CONSENT TO AN ENHANCED DBS CHECK	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 and the job for which you are applying are also considered.)		
Do you require any adjustments or special arrangements to be made when attending for interview?	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
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.		
YOUR SIGNATURE		

PLEASE SEND THIS COMPLETED AND SIGNED APPLICATION FORM TO

MRS N WYARTT
REF CA
THE DAILY CARE AGENCY
HIGH BANKS
ATHELINGTON ROAD
HORHAM
EYE
SUFFOLK
IP21 5EH

CCAPP Reviewed:
March 2018

ISSUED	RET	SOURCE	WEB
DCA No	RR ID	RR No	
SCTV	PASS	PASS 2	