



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	YES	NO
COVID VACCINATION STATUS – FIRST VACCINE	YES	NO
COVID VACCINATION STATUS – SECOND VACCINE	YES	NO

DRIVING RECORD	
Being able to drive and have an insured (business use- proof required) 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 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	
EARLIEST 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 (11-2)		TEA (3-5.30)		EVENING (4.30-9)	
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	
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	
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	
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	
REASON FOR LEAVING/WISHING TO LEAVE	

May we contact this employer for a reference prior to possible employment?	YES	NO
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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
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EDUCATION, QUALIFICATIONS & EXPERIENCE

EDUCATION – PLEASE LIST QUALIFICATIONS ACHIEVED (SCHOOL/COLLEGE OR UNIVERSITY)

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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:
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DESCRIBE ANY SPECIALISED TRAINING, SKILLS OR EXPERIENCE THAT ARE RELEVANT TO THIS APPLICATION

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WHAT ARE YOUR HOBBIES & INTERESTS

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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
<p>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.</p> <p>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 <i>The Police Act 1997</i> about you. We are required by <i>The Domiciliary Care Agencies Regulations 2002</i> 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.</p> <p>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 <i>"Code of Practice for Registered Persons and Other Recipients of Disclosure Information"</i> 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.</p>

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



DECLARATION – 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

<p>PLEASE SEND THIS COMPLETED AND <u>SIGNED</u> APPLICATION FORM TO</p> <p>MRS N WYARTT THE DAILY CARE AGENCY HIGH BANKS ATHELINGTON ROAD HORHAM EYE SUFFOLK IP21 5EH</p> <p>OR EMAIL TO: nikkiw@thedailycareagency.co.uk (WORD DOCUMENT OR PDF FORMAT ONLY)</p>
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OFFICE USE:

ISSUED		RET		SOURCE	WEB
DCA No		RR -1		CF - 1	
NMDS		RR - 2		CF - 2	
UCHECK REF		ECM No:			

CCAPP Reviewed:
February 2021

The Daily Care Agency is registered and therefore licensed to provide services by the Care Quality Commission. Provider ID 1-101723169
 TEL: 01379 388438/07977 075301 (out of hours) Email: office@thedailycareagency.co.uk

