



APPLICATION FORM

EMPLOYMENT OPPORTUNITY - CARER

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

A. Personal Details

1. Surname: First Names:

Previous Surnames: Title: (Mr/Mrs/Ms/Miss)

PPS Number:

2. Address:
.....
.....
.....

County: Telephone (Mobile)

(Home) Email address

B. Current or Most Recent Employment

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.....
.....

Name of Current or Most Recent Employer:

Telephone Number:

Position: Rate of pay:

Start Date: Leave Date:

Reason for Leaving:

.....
.....
.....



Duties (if relevant please confirm below the personal care tasks you have undertaken):

Assisting a client with their toileting needs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Continence care, ie, changing pads	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Assisting with bathing/showering a client	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Any other duties:

C. Education and Training

Please list below all education and training which you have received:

D.1. Shortlisting Information

1. Do you have a full driving licence? YES ☐ NO ☐
2. Do you have a car available for work purposes? YES ☐ NO ☐
3. When are you available to work, eg, weekdays, weekends, days, evenings, etc?



D.2. Relevant experience:

Please include all periods of formal employment and personal experience relevant to this post.

Name and address of employer/person you cared for	Dates From month/year To month/year	Duties/tasks carried out when at work or caring for a relative/friend
		Bathing/showering YES <input type="checkbox"/> NO <input type="checkbox"/> Assist client to toilet YES <input type="checkbox"/> NO <input type="checkbox"/> Catheter care YES <input type="checkbox"/> NO <input type="checkbox"/> Changing pads YES <input type="checkbox"/> NO <input type="checkbox"/> Washing client YES <input type="checkbox"/> NO <input type="checkbox"/> Dementia care YES <input type="checkbox"/> NO <input type="checkbox"/>
		Bathing/showering YES <input type="checkbox"/> NO <input type="checkbox"/> Assist client to toilet YES <input type="checkbox"/> NO <input type="checkbox"/> Catheter care YES <input type="checkbox"/> NO <input type="checkbox"/> Changing pads YES <input type="checkbox"/> NO <input type="checkbox"/> Washing client YES <input type="checkbox"/> NO <input type="checkbox"/> Dementia care YES <input type="checkbox"/> NO <input type="checkbox"/>
		Bathing/showering YES <input type="checkbox"/> NO <input type="checkbox"/> Assist client to toilet YES <input type="checkbox"/> NO <input type="checkbox"/> Catheter care YES <input type="checkbox"/> NO <input type="checkbox"/> Changing pads YES <input type="checkbox"/> NO <input type="checkbox"/> Washing client YES <input type="checkbox"/> NO <input type="checkbox"/> Dementia care YES <input type="checkbox"/> NO <input type="checkbox"/>



E. Employment History

Please complete the table below. You must provide a full employment history, your reason for leaving each position and provide details of any period of unemployment.

Dates From	To	Company Name & Address (if not working please state this)	Position Held	Reason for Leaving

(Please make sure you have provided all information in the table above. If necessary continue on a separate sheet and print your name at the top of additional pages)

Please provide below details of what you were doing when you were not in employment e.g. studying/travelling/family commitments (please include dates, eg 01.06.09 to 31.06.09 travelling).

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.....
.....



F. References

We will contact your current / most recent employer for a reference.

Give the name and full addresses of 2 additional referees who we may contact in relation to your application.

1

Name:

Capacity in which known to applicant:

Address: Street:

County: Tel number:

2

Name:

Capacity in which known to applicant:

Address: Street:

County: Tel number:

DECLARATION:

I declare that to the best of my knowledge and belief all the information recorded in this application form is true.

Signed: Date: