



CARER APPLICATION FORM

Please complete this form in black ink and complete all sections

Position Applied for	
Your Surname and Initials	

You should return your completed Application Form to:

Reliant Recruitment Limited
2nd Floor Wolverley House
18 Digbeth
Birmingham
B5 6BJ

Tel: 0121 638 0588

Email: admin@reliantrecruitment.com

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equal Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

Section 1 – Personal Details

Surname:	Forename(s):	Mr. / Mrs / Miss / Ms
Address:		
Postcode:		
Mobile No:	Telephone / Fax No:	
Email:	National Insurance:	Date of Birth
Ethnicity	Which languages do you speak? <i>(please indicate your first spoken language)</i>	
Gender	Disability	
How did you hear about Reliant Recruitment Limited?		

Section 2 - History

Please summaries any specialist areas of nursing or care E.g. Dementia, palliative care:	
Which of the following mandatory training days have you attended?	
Manual Handling	Date:
First Aid	Date:
Food Hygiene	Date:

Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions part time full time
Type of work NHS private hospitals nursing home industry
Clients in their own home Other, please specify _____

live in days nights visits

Do you have any other work commitments? Yes No

Which areas of work do you wish to exclude?

When will you be available to start work?

Section 5 – References

Please provide details of 2 professional referees who ideally have knowledge of your work as a nurse or carer. Referees must be in a managerial or a senior position and not colleagues, friends or relatives. If your referees are outside the UK, then please provide a professional email address.

1. Referee - Name:

Referee job title:

Company Name & Address:

Postcode:

Telephone:

Fax:

Email:

Your job title:

2. Referee - Name:

Referee job title:

Company Name & Address:

Postcode:

Telephone:

Fax:

Email:

Section 6 – Passport and Driving License Details

If you have a non-EU passport please provide details of your eligibility to work in the UK.

Work Permit Type:
(e.g. student, indefinite leave)

Expiry date: / /

Do you hold a valid UK driving license? **YES / NO**

Expiry date: / /

Section 7 – Criminal Records

This position is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are therefore not entitled to withhold information requested by the Company about any previous convictions in this country or abroad which you may have, even if in other circumstances these would be regarded as “spent”.

Do you have any criminal convictions in the UK or abroad? **YES / NO**

Have you ever been barred from working with vulnerable adults or children? **YES / NO**

If your answer is yes to either of the above questions, please provide details below:

Have you had a criminal records check? **YES / NO DATE:**

Section 8 – Next of Kin

Please provide details of your next of kin.

Name: Relationship to you:

Address:

Telephone number: Mobile:

Please provide details of another emergency contact

Name: Relationship to you:

Address:

Telephone number: Mobile:

Section 9 – Signature and Candidate Consent

I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal. Additionally, I understand that any personal information stored by Reliant Recruitment Limited, may be accessed from time to time by authorised inspectors from the Care Quality Commission (CQC). I give permission for these individuals to have access to my records.

Signed:

Printed: Date:

CARER SKILLS EVALUATION

NAME:

Please tick the box to indicate your level of competence:

1. I am experienced and competent at this
2. I am familiar with this procedure but do not have experience
3. No knowledge

Personal Care	1	2	3	Comments
Bath / Shower				
Use of bath aids				
Shaving				
Assisting clients to dress / undress				
Moving / Handling client				
Mouth care				
Eye care				
Pressure area care				

Toileting	1	2	3	Comments
Use of commode				
Use of bedpans				
Catheter / Uro sheath care				
Colostomy care				
Stoma care				

Client observations	1	2	3	Comments
Skin / Nails / Hair				
Food and Fluid				
Bowels and Bladder				
Weight Loss				

Diabetic awareness	1	2	3	Comments
High / Low blood sugar				
Food and Fluids				
Finger prick				
Urine test				
Insulin administration				

Nutrition and Cooking Skills	1	2	3	Comments
Cooking for clients				
Peg feeding				
Do you have experience of catering for Special diets	Yes / No Please state which?			
Are there any foods you are unwilling to Prepare due to your beliefs?	Yes / No Please state which?			

General	1	2	3	Comments
Housekeeping				
Bed making with sheets / slide sheets				
Medication administration				
Shopping for clients				
Managing house expenses				
Report writing				
Recording instructions e.g. from GP or District Nurse				
Supporting clients with appointments				
Observing changes in clients condition				
Experience in emergency situations				
Working as part of a multi disciplinary team				

Equipment	1	2	3	Comments
Wheel chair				
Monkey Pole				
Hoist				
Walking Frames				
Electronic beds / chairs				
Air bed				
Crutches				
Slide sheets				
Transfer Boards				

I declare that the information I have given is true. I understand that if information given on the application form is found to be false, it may result in termination of the recruitment process or disciplinary action which could result in dismissal.

Signed:

Date:

This employment is not exempt from the provisions of the rehabilitation of young offenders Act 1974 you are not therefore entailed to withhold information requested by the company about any previous convictions in this country or abroad you may have, even if in other circumstances these would appear spent. I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal

Confidentiality

All information you see or hear in the course of your duty is confidential. You must not disclose to any other personal details or information relating to clients, their medical conditions or company matters.

Data Protection

Reliant Recruitment Limited records are kept securely in a safe location in line with the Data Protection Act 1998. You understand that any personal detail held by Reliant Recruitment Limited, may be accessed from time to time by authorised inspectors from the Care Quality Commission (CQC) and NHS Framework (Buying Solutions)

Working Time Regulations 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will not be compelled to work more than 48 hours per week, however you may choose to do so.

Please tick the appropriate box to confirm that you have read and understood the above information.

I DO NOT wish to work more than 48 hrs per week	I DO wish to work more than 48 hours per week
---	---

Signed _____ **Print** _____ **Date** _____