|  |  |  |  |
| --- | --- | --- | --- |
| **CB Care Agency LTD Address:** | | | |
| Address |  | | |
| Tel No. |  | Postcode |  |

|  |  |
| --- | --- |
| Position applied for |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual’s Details:** | | | | | | | | | | | |
| Title |  | | | | | | | | Photograph | | |
| Surname |  | | | | | | | |
| Forenames |  | | | | | | | |
| Address | Postcode: | | | | | | | |
| Home Tel No. |  | | | | Mobile No. | |  | | | | |
| Email Address |  | | | | | | | | | | |
| National Insurance No. |  |  |  |  |  |  | |  | |  |  |

|  |  |
| --- | --- |
| **Next of Kin:** | |
| Name |  |
| Relationship |  |
| Address  (if different from above) | Postcode: |
| Tel No. |  |

|  |
| --- |
| **Personal Profile:** |
|  |

Please provide a brief statement about yourself, your talents and what new things you feel you can bring to the team and why you feel you would be the best candidate for this position.

**Full employment record:** (most recent first)

Use additional sheets if necessary. Please explain any gaps in employment i.e., studying, unemployment, raising family etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of employer | Start date  mm/yy | Finish date  mm/yy | Duties | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Gaps in Employment | Reason why |
|  |  |
|  |  |
|  |  |

If any of the above positions involved working with **Vulnerable Adults or Children,** please indicate below contact details of someone who can verify your reason for leaving.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer | Name of person to contact and position within company | | Telephone number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Secondary Education:** (including further education) | | |
| **Name of school**  (most recent first) | **Start and finish dates** | **Qualifications gained** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Courses and Training:** | | |
| **Subjects covered**  (most recent first) | **Dates attended** | **Skills relevant to work** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Travel:** | | |
| Do you have a driving licence? | Yes | No |
| Availability of a car for work? | Yes | No |
| Do you have any driving endorsements? | Yes | No |
| If yes, please give details | | |

**References:**

Please give details of two senior individuals who may be approached for references. Where possible these should be your current and last employer and at least one must be from previous employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Employer:** | | | |
| Contact Name |  | Company |  |
| Address | Postcode: | | |
| Tel No. |  | | |
| Email address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employer:** | | | |
| Contact Name |  | Company |  |
| Address | Postcode: | | |
| Tel No. |  | | |
| Email address |  | | |

**Criminal Record:**

CB Care Agency LTD are required under the Health & Social Care Act 2008, to obtain an EnhancedDisclosure and Barring Service check in relation to any person who is in a care worker role. Therefore, if your application is successful, we will need to obtain this check before your appointment is confirmed.

Please advise CB Care Agency LTD of any criminal convictions (excluding minor road traffic offences), cautions, reprimands, or warnings you have received before we obtain an EnhancedDisclosure and Barring Service check. Having a criminal record will not necessarily mean that you will not be able to work in the social care sector but will depend on the nature of the position, the circumstances and background of your offences. Answering “yes” to the question below will not necessarily bar you from an appointment with CB Care Agency LTD; this will depend on the nature of the position for which you are applying and the particular circumstances.

|  |  |  |
| --- | --- | --- |
| Have you been convicted of a criminal offence or received a caution, warning or reprimand? | Yes | No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of conviction, caution, warning, or reprimand | | | Details | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
| **Task Ability Schedule:** | | | | | |
| Please tick each task in which you are experienced: | | | | | |
|  |  | | | | |
|  |  | **Personal Hygiene** | |  | **Nutrition** |
|  |  | Bath/shower/strip wash | |  | Preparing meals |
|  |  | Bed bath | |  | Feeding |
|  |  | Use of bath aids/chairs | |  | Food handling |
|  |  | Shaving | |  | Food presentation |
|  |  | Women’s hygiene | |  | NG/Peg(J) Management |
|  |  | Mouth care (Inc. dentures) | |  |  |
|  |  | Care of hair | |  | **Administrative Abilities** |
|  |  | Care of feet (excl. toenails) | |  | Report writing |
|  |  | Care of fingernails | |  | Recording instructions from GP/nurse |
|  |  | Dressing/undressing | |  | Recording changes in client’s condition |
|  |  | Care of eyes | |  |  |
|  |  |  | |  | **Practical Tasks** |
|  |  | **Medication** | |  | Housework |
|  |  | Level 1 Prompt/Assist | |  | Washing personal laundry |
|  |  | Level 2 Administer | |  | Shopping |
|  |  | Level 3 Administer using specialist techniques | |  | Bed making/changing a bed |
|  |  | Instillation of eye, nose, and eardrops | |  | Collecting benefits |
|  |  | Needles/Insulin | |  | Money Management |
|  |  |  | |  |  |
|  |  | **Continence Management** | |  |  |
|  |  | Continence care | |  | **Areas of Specialism** |
|  |  | Bedpans/commodes etc. | |  | Older people |
|  |  | Changing a catheter bag | |  | Palliative Care/ End of life |
|  |  | Stoma care | |  | Physical disability |
|  |  |  | |  | Supporting clients with infectious diseases |
|  |  | **Mobility** | |  | Mental health |
|  |  | Glide Sheets | |  | Learning disabilities |
|  |  | Use of hoist (manual/electric) | |  | Children and/or young people |
|  |  | Support with walking aids | |  | Other |
|  |  | Supporting and moving of clients | |  |  |
|  |  |  | |  |  |
|  |  | **Monitoring** | |  |  |
|  |  | Water temperature | |  |  |
|  |  | Fluid intake | |  |  |
|  |  | Nutritional intake | |  |  |
|  |  | Urine output | |  |  |
|  |  | Bowel movements | |  |  |
|  |  | Equipment Monitoring | |  |  |
|  |  |  | |  |  |

**DECLARATION OF SUITABILITY**

The post for which you have applied involves working with children/adults and is therefore exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any convictions or cautions that you may have, including those that would otherwise be regarded as ‘spent’ under this Act. The information that you provide will be treated in the strictest of confidence. Answering “yes” to any of the questions below will not necessarily bar you from an appointment with CB Care Agency LTD ; this will depend on the nature of the position for which you are applying and the particular circumstances.

Please answer the following questions and sign the declaration below to demonstrate that you are safe to work with children/young adults.

Please identify **YES** or **NO** against each question.

|  |  |
| --- | --- |
| Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or found guilty of committing any offence? Including those that would normally been considered as ‘spent.’  Are you ‘Disqualified for Caring for Children’: (to include)?   * Have you committed any offences against a child? * Have you committed any offences against an adult (rape, murder, actual bodily harm, indecent assault, etc)? * Have you been barred from working with children? * Are you living with someone who has been barred from working with children (DBS)? * Are you living within the same household as someone who has been disqualified from working with children under the Childcare Act 2006? * Have your own children been taken into care? * Have/are your own children the subject of a child protection order? * Has your name been placed on the DBS barring list? | **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO**  **YES / NO** |

If you have answered YES to any of the questions above, please provide further information on an additional sheet

**Right to work in the UK**

|  |  |  |  |
| --- | --- | --- | --- |
| I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have the right to work in the UK and can provide the correct documents/ work permits/ visas to evidence this. | | | |
| Signed |  | Date |  |

**Applicant Declaration**

I declare that the information given on this application form is true and whilst I understand that all personal information about me which relates to my position with CB Care Agency LTD is confidential, I hereby give my permission for this information to be made available, on an ‘as needs to know’ basis, to and including the Regulatory Body and those authorised within the Local Authority.

I hereby agree that I shall not disclose any confidential information to any third party, unless I have written consent from CB Care Agency LTD.

I understand that if any aspect of this declaration is false, or I disclose any confidential information, it is liable to lead to actions being taken and it may affect the offer of work being made to me.

I certify that I have answered all questions truthfully and fully and will notify CB Care Agency LTD if there are any changes or updates to the information given.

|  |  |  |
| --- | --- | --- |
| Print Name | Signed | Dated |
|  |  |  |

**Please return completed form to:**

**For Office use only:**

|  |  |  |
| --- | --- | --- |
| **Received notes** | **Shortlisted** | **Accepted** |
| **Yes / No**  **Comment:** | **Yes / No**  **Comment:** | **Yes / No**  **Comment:** |