



Application Form

Personal Information

Miss/ Mrs/ Ms/ Mr First Name

Last Name:

Address

Telephone number

When is the best time to call you

Email

Nationality

Visa Requirement

First language spoken:

Other languages spoken:

Education & Qualifications:

Do you have an up to date CRB.

Do you drive?

Do you have a Car?

Do you have a valid UK or EU driving licence?

Have you committed any driving offences?

If yes please provide details:

Position Applied For:

Salary Level:

Perm

Temp

Long term Temp

Full time

Part time

Live in

Daily

Available From:

:

Carer Experience – Please Tick All That Apply

Trained carer

Worked with dementia patients

Experienced Carer

Worked with disabled patients

Nurse

Worked with the elderly

Companion

Worked with children

Any other – Please specify

Are you able & willing to do or have knowledge of the following:-

- | | |
|---------------------------------|--|
| Help with dressing & undressing | Record Keeping |
| Bathing | Lifting |
| Assist with medication | Toileting |
| Colostomy Care | Manual Handling |
| Continence care | Help with Feeding |
| Emptying Catheter Bag | Take out |
| Take to appointments | Assist with mobility (push wheelchair etc) |

Do you have any of the following?

- | | |
|--------------------------|---------------------------------|
| First Aid | Food Hygiene |
| Health & Safety | Moving & Handling |
| Fire Safety | Protection of Vulnerable Adults |
| Any Other-please specify | |

Have you worked with any of the following conditions?

- | | |
|--------------------------|--------------------|
| Dementia | Diabetes |
| Epilepsy | Autism |
| Heart Problems | Parkinsons |
| Alzheimer's | Multiple Sclerosis |
| Any Other-please specify | |

Household Experience - Are you able & willing to do the following?

- | | |
|------------------|-----------------------|
| Food Preparation | Cooking |
| Cleaning | Dusting |
| Vacuuming | Washing / Laundry |
| Ironing | Shopping/ Run errands |
| Changing Beds | |

Employment Details or CV Provided:

Name From To

Duties

Reason for leaving

Name From To

Duties

Reason for leaving

Name

From

To

Duties

Reason for leaving

References – Please provide contact details

Your Health

Are you in general good health:

Do you have any disabilities that may prevent you carrying out the position you are applying for:

If yes, specify:

Do you take any regular medication:

If yes, specify:

Do you have any serious allergies that may affect your ability to carry out the position you are applying for?

Pets

Do you like pets/animals?

Are you willing to feed, walk and care for the family pet/s?

Other:

Can you Read English?

Do you smoke?

Do you agree not to smoke in the house.

Are you able to use a computer?

Do you swim?

Do you have any holidays booked:

Please provide dates:

Do you follow a special diet?

Are you happy to handle & cook meat/fish

Please provide any additional information that you think may be relevant.

I confirm that the information given above is true and complete. I am happy to give permission for the Agency to submit copies of any documents or photographs provided, e.g. passport and visa, to any prospective employers that the Agency deem to be suitable. I understand that this will conform with the requirements of the Data Protection regulations.

Date: Signature:

Contact us: Tel: 0845 601 3945 /0161 980 0996. Email: enquiries@childcarerecruitment.co.uk
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