

03301 336474 / 07742 271707

APPLICATION FOR ENTRY ONTO REGISTER OF CARERS	
PLEASE NOTE: WE WILL NEED TO SEE THE ORIGINALS OF ANY DOCUMENTS AND ENCLOSE WITH THIS APPLICATION. THESE CAN BE BROUGHT TO THE INTERVIEW (IF SELECTED)	
WE WILL ALSO NEED TO SEE PROOF OF YOUR NATIONAL INSURANCE NUMBER AND ELIGIBILITY TO WORK WITHIN THE UK	
PERSONAL DETAILS	
<i>Please complete this section in BLOCK letters</i>	
Surname:	Forenames:
Marital status:	Nationality:
Date of birth: Gender :	N.I
Address:	
Post Code	
Main Telephone	
Alternative	
Mobile no	
Email address	
Details of next of kin	
Name	
Relationship to you	
Telephone no:	
Mobile no:	
Email address:	
Job applied for	Job reference
Type of contract applied for	
<ul style="list-style-type: none"> • Full time hours <input type="checkbox"/> • Part time hours <input type="checkbox"/> 	

Region you are available to work in:					
Worcestershire	<input type="checkbox"/>	Cradley Heath	<input type="checkbox"/>		
Stourbridge	<input type="checkbox"/>	Wolverhampton	<input type="checkbox"/>		
West Bromwich	<input type="checkbox"/>	Dudley	<input type="checkbox"/>		
Walsall	<input type="checkbox"/>	Greater Birmingham	<input type="checkbox"/>		
Are you Legally Entitled To Work In The UK?			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
<i>Applicants will be required to provide documentary proof of their eligibility if successful</i>					
Where did you see this post advertised					
Do you hold a full driving license?			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
Do you have any endorsements?			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
EDUCATION AND QUALIFICATIONS					
Start with the most recent work backwards. (Please use a separate sheet if needed)					
Qualification Gained (or being sought)	Dates (from and to)	Name of Schools/Colleges/Training Providers	Dates(s) Passed		

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MEMBERSHIP OF PROFESSIONAL BODIES AND TRAINING

Name of Professional or technical association	Date of membership	Status

Please list any other training courses you have attended:

Details	Dates	Qualification
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SKILLS & EXPERIENCE

To enable us to match your previous experience and skills to a client's care needs, please indicate which of the following areas of care work you have experience of. Delete the answers that are not applicable.

Peg Feeding	Yes/No	Colostomy care (changing bag only)	Yes/No
Learning difficulties	Yes/No	Spinal Injury Care	Yes/No
Acquired Head Injury Care	Yes/No	Client senile dementia	Yes/No
Parkinsons	Yes/No	Cerebral Palsy	Yes/No
Muscular Dystrophy	Yes/No	MS	Yes/No
Terminal Illness	Yes/No	HIV	Yes/No
Urinary incontinence	Yes/No	AIDS	Yes/No
Personal hygiene (washing etc.)	Yes/No	Faucal incontinence	Yes/No
Client confusion	Yes/No	Mental illness care	Yes/No
Client aggression(verbal &physical)	Yes/No	Stroke	Yes/No
Have you been taught Moving and Handling techniques?			YES NO
Please state where			
Have you been taught to use a hoist			YES NO

Please state where		
Please enclose any relevant copies (please write down enclosed copies)		
Any other relevant experience		
Please give details of any experience you have had in a caring capacity, either on a paid, voluntary or personal basis. Please give details of any professional qualifications you have e.g. NVQ, B Tech etc. and BRING ANY CERTIFICATES TO THE INTERVIEW. Please send photocopies of these certificates with this application.		
Additional Information		
How do you consider your cooking skills?	Good/Average	
How do you consider you domestic skills?	Good /Average	
Please give details of any hobbies you enjoy		
Any other relevant information		
Have you applied to or worked for Living Waters Healthcare Services before?	YES	NO
If yes please give details (dates etc.)		

HEALTH RECORDS		
All applicants are required to make a statement with regards to their physical and mental fitness. Please answer all the questions listed below and provide details for the relevant answers:		
Are you suffering , or have you ever suffered from any of the following	Yes	No
a) Back or neck pain?		
b) Rheumatic or arthritic conditions?		
c) Hernia?		
d) Upper limb disorder such as tenosynovitis, tendonitis or carpal tunnel syndrome?		
e) Fits, fainting attacks, epilepsy?		
f) Depression, anxiety or nervous illness?		
g) Typhoid, paratyphoid, dysentery or food poisoning?		
h) Tuberculosis or hepatitis?		
Any illness or medical condition not specified above? If so give details on separate sheet.		

Have you undergone psychiatric treatment of any kind in the last five years?		
Are you currently undergoing any treatment, medical /psychiatric?		
Have you taken significant time off work for medical reasons over the last two years?		
If Yes, how long did you take off?		
<i>If you answered "Yes" to any of the above questions, please provide details on a separate sheet.</i>		
<p>Health Statement: Please use the space below to make a statement as to whether or not you consider yourself physically and mentally fit for the position for which you have applied.</p>		
<p>I can confirm on (today's date)//.....that I am not(Delete as appropriate) physically, mentally and emotionally fit for the position I have applied for, as detailed in the job description provided by Living Waters Healthcare Services Limited.</p>		
Signed:		Date:

CRIMINAL CONVICTIONS
<p>Criminal Convictions: Due to the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974(Exceptions) Order 1975. Applicants are therefore required to disclose any "spent" or unspent convictions, cautions, reprimands, penalty notices and final warnings that they have received.</p> <p>In accordance with the Health and Safety Care Standards Act 2000, we are also required to obtain an Enhanced Disclosure from the Disclosure Barring Services which checks your details against the Police National Computer, Local Police records, matters currently under investigation and any lists held by the Department of Health and the Department of Education which detail individuals considered unsuitable to work with children or vulnerable adults. Failure to disclose details of anything listed below could result in dismissal if the Disclosure obtained in your name does not correspond with the details you provide. You must truthfully to the questions below, as they will appear on your Enhanced Disclosure.</p>

Have you any previous spent or unspent Criminal Convictions given by the Courts/Police	Yes/No	Are you currently under investigation or do you have any Prosecutions pending by the Courts/Police?	Yes/No
Have you ever been cautioned or received a reprimand by the Courts/Police?	Yes/No	Have you ever received a Penalty Notice from the Police?	Yes/No
Have you ever received a final warning by the Courts/Police?	Yes/No	To your knowledge, are you named on any lists held by the Departments of Health or Education?	Yes/No
Have you ever been questioned by the Police regarding a criminal offence?	Yes/No	If you answered "yes" to any of the above questions then you are required to provide full details on a separate sheet and send them in with your application in a sealed envelope.	Yes/No

EQUAL OPPORTUNITIES

Living Waters Healthcare Services Limited is an Equal Opportunities Employer. The aim is to ensure that no job applicant receives less favorable treatment on the grounds of race, color, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, gender, marital status, sexual orientation or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected on the basis of their relevant merits and abilities. All employees are given equal opportunity and are encouraged to progress within the organisation. We are committed to an on-going programme of action to make this policy fully effective.

To ensure that this policy is fully and fairly implemented and for no other reason, would you please provide the following information:

Please select a category and tick the box that is appropriate to you:

White	Mixed	Asian/Asian British	Black/Black British	Chinese/Other
British	White /Caribbean	Indian	Caribbean	Chinese
Irish	White/African	Pakistani	African	
	White/Asian	Bangladeshi		
Other: specify below		Other: specify below		

Place of Birth:

Nationality:

Languages:

What is your first Language

Do you speak any other languages? Yes/no

Please give details of all Languages that you speak and any gestural languages with which you are familiar.

**EMPLOYMENT HISTORY (RECENT WORK HISTORY FOR THE LAST 10 YEARS).
PLEASE USE SEPARATE SHEET IF NECESSARY**

Employer	Dates	Duties	Reasons for Leaving

Are there any gaps in your employment history?	YES	NO
<p>If Yes ,please give details:</p>		

REFERENCES

PLEASE NOTE:
 We cannot accept PRIVATE addresses for references unless they are providing a character reference It is also our policy, under the Police Act 1997, to apply for a "Disclosure" prior to accepting carers on to our Register. The procedure will be explained to you if you are selected for interview.

Employment Reference 1	Employment Reference 2
Name:	Name:

Company Name:	Company Name:
Tel Number:	Tel Number:
Fax Number:	Fax Number:
Address:	Address:
Reference may be contacted Yes <input type="checkbox"/> Prior to interview No <input type="checkbox"/>	Reference may be contacted Yes <input type="checkbox"/> Prior to interview No <input type="checkbox"/>

WORKING TIME REGULATIONS(1998)

I agree that I can be required to work for more than 48 hours on average per the duration of the contract made between the Client (and/ **Living Waters Healthcare Services Limited**) and myself because of the continuous nature of the services provided to the Client.
 I understand that I can change my mind four weeks written notice to the Client (and/or **Living Waters Healthcare Services Limited**) and I agree to provide a copy of that notice to **Living Waters Healthcare Services Limited** for information.

SUPPORTING STATEMENT

Please use this section to provide any further information which you think will support your application further. Please evidence using your previous skills, knowledge and experience how you meet the criteria detailed in the role profile. Include any skills of experiences that have been gained through paid employment, voluntary work, and community activities or through family experience.

Please use the space here and no more than TWO additional sheets.

REHABILITATION OF OFFENDERS ACT (1974)

Protection under the above Act is not afforded to persons applying for the position of Carer. This is a job which exempt under the Rehabilitation of Offenders Act 1974 (Exemption Order 1975).You must therefore answer the following question.

Do you have any criminal convictions either "spent or unspent"? Yes/No

Do you have any criminal proceedings pending	Yes/No
Date of answering this question/...../.....
Please would you sign the statement below, thank you?	
I confirm that the information I have given on this form is true and correct. I am willing to work more than 48 hours each week and that as far as I am aware; I am fit and able to carry out the tasks of a career.	
Signed.....	Date:
Please say how you heard about the agency (e.g. Job Centre, Advertisement, specific post etc.) If newspaper please state which paper. If Job Centre please give ref no. And if specific post	
Please give details.	
Please ensure that the following documentation is enclosed when returning this form:	
Copy of driving license }	Where applicable
Copy of car insurance }	Where applicable
Recent passport size photograph	
If you have any friends who may be interested in this type of work advise us of their name and address and we will be please to send those details.	
<i>PLEASE NOTE PLEASE NOTE THAT WE NOW ROUTINELY FAX ALL IMMIGRATION DOCUMENTS, PASSPORTS, VISAS AND ANY OTHER RIGHT TO WORK DOCUMENTS TO THE HOME OFFICE FOR VERIFICATION. THIS IS PRIOR TO PROCESSING THE APPLICATION FORM. BY SENDING YOUR APPLICATION FORMS IN TO US YOU ARE AGREEING TO THE ABOVE PROCEDURE. WE ARE UNABLE TO PROCESS YOUR APPLICATION WITHOUT PROOF OF ELIGIBILITY TO WORK IN THE UK.</i>	
Thank you very much for contacting Living Waters Healthcare Services Limited, we look forward to hearing from you.	