

Support / Care Worker APPLICATION FORM

Forename		Surname	
Address		Flat/house number	
Postcode		County	
Tel house		Mobile 2	
email			
Nationality		Passport No	
Date of Birth		Place of birth	
NI number		Religion	
Do you have a work permit?	YES/ NO	Date of Issue	Expiry Date
Do you own or have the use of a car? YES/ NO		Driving Licence No	
		Insurance No	
Bank account details		Sort Code .	Account
Do you have or have you in the last 5 years had any physical or mental health problems requiring specialist referral? Yes/No			
Have you ever suffered from back problems? Yes/No			
Are you taking any regular prescribed medicines? Yes/No			
If you answered 'Yes' to any of the above, please provide brief details and approximate dates			

<p>REHABILITATION OF OFFENDERS ACT 1974: Have you ever been convicted of an offence or have any convictions pending, served a sentence, had a suspended sentence or received preventative detention? YES/NO If so, please give details (please add page if required).</p>

I agree to notify PSA Home Care if I am convicted of an offence or am cautioned by a constable for an offence which I admit. I hereby certify that there are no U.K. Immigration Control restrictions limiting my freedom to work in the country and that the information given on this form is true. I have received, read and agree to abide by the Terms and Conditions, which shall apply if I am accepted. I know of no reason why I may not be suitable for the required duties.

Training and Qualifications

Date	Training

Employment history (Please list all with most recent first and include caring for family or friends both paid and unpaid).

Dates from / to	Position and duties	Company name	Reason for Leaving

Please provide your address for last 5 years: (please add page when required)

Month/ Year from	Month/year to	Street /House name / Number	City/Town/Village	County	Postcode

Please provide two referees

Name Position/Company	
Address	
Postcode	
Email	
Telephone	

Name Position/Company	
Address	
Postcode	
Email	
Telephone	

Care worker practical experience form

Tell us about your practical experience (to help us find suitable work for you).

Workplace experience:

HOMECARE

- Residential home
- Nursing home
- Hospital
- Other
- Use of bath aids
- Shaving
- Mouth care
- Hair care
- Fingernail care
- Dressing / undressing

CARE DUTIES:

- Pressure area care
- Simple dressing
- Assist with medication
- Terminal care

PRACTICAL TASKS

- Light housework
- Personal laundry
- Shopping
- Basic cooking
- Food handling
- Advanced cooking
- Bed making
- Changing bed linen
- Collecting pensions etc..

TOILETING

- Continence care
- Bedpans/commodes
- Change catheter bags
- Attaching night bag
- Applying a convene
- Stoma care

MOBILITY

- Moving and Handling
- Hoists – manual – electric
- Use of walking aids

PERSONAL HYGIENE

- Bath/Shower/Strip wash
- Bed wash

Please give us details of experience gained, including caring for family / friends.

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Please tell us why you applied for this position and which personal skills you have that you think will be relevant for this position

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How did you hear about PSA Home Care	
I hereby declare that all information I have provided is accurate.	
Name	
SIGNED	
Date	