

# Featherbed Homecare



Please attach  
photo here

31 High Street, Keynsham, Bristol BS31 1DP

Tel: 0117 9860710 Fax: 0117 9862046

email: info@featherbedhomecare.co.uk

## Carer Application Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Nat Ins.No: \_\_\_\_\_

\_\_\_\_\_ D.O.B: \_\_\_\_\_

\_\_\_\_\_ Marital Status: \_\_\_\_\_

\_\_\_\_\_ Nationality: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

### **Position Required**

Live in \_\_\_\_\_ If Temporary(how long) \_\_\_\_\_

Daily \_\_\_\_\_ Sleepovers \_\_\_\_\_ Waking Nights \_\_\_\_\_

Part-Time (How many hours/days available:) \_\_\_\_\_

### **Carer Details**

Qualifications \_\_\_\_\_

Do you have a Bank Account Yes No

Do you hold a current driving Licence Yes No

Do you have transport Yes No

Do you like animals Yes No

Please state any you do not like \_\_\_\_\_

Do you smoke Yes No

Have you any health problems Yes No

(if yes please specify) \_\_\_\_\_

Interests & Hobbies \_\_\_\_\_

- (1) Please provide details of any criminal offences of which you have been convicted, including details which are spent within the meaning of section 1 of the Rehabilitation of Offenders Act 1974(a) and which may be disclosed by virtue of the Rehabilitation of Offenders (exception) Order 1975 (b)
- (2) Please give details of any criminal offences in respect of which you have been cautioned by a Police Constable or Police Officer and which, at the time the caution was given, you admitted.
- (3) You must inform us of any changes to Enhanced Disclosure information immediately.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(2)

**Name & Address of present Employer:**

Tel No:

Position Held:

Reason for leaving:

**Name & Address of previous Employer:**

Tel No:

Position Held:

Reason for leaving:

**EXPERIENCE RELEVANT TO THIS APPLICATION**

Manual Handling	Yes	No	Catheter Care	Yes	No
Hoisting	Yes	No	Dementia / Alzheimer's	Yes	No
Personal Care	Yes	No	Terminally Ill	Yes	No
Nursing Homes	Yes	No	Residential Homes	Yes	No
Private Homes	Yes	No	Hospitals/Hospice	Yes	No

Please enclose: C.V with full employment History. Also the names & addresses of two referees and two written reference's (one of which should be your previous employer). Please note that we will need at least one form of identification from the following: Passport / Driving License / Building Society/ Bank details/Visa or Work permit/National Insurance or some other official document which has your name & address on it.

<b>Have you applied for CRB - Enhanced Disclosure?</b>	Yes	No
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**Provide a copy (but bring original with you when attending the interview)**

<b>Inland Revenue Tax Ref for self employment</b>	
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**We suggest that all carers carry Public Liability Insurance (we can supply names of insurance companies. )**

**I apply for registration with Featherbed Homecare Ltd and declare that the information given on this form is true & correct. I have also read the terms and conditions for agency staff and agree to abide by them.**

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Signed by Featherbed Homecare Ltd as received  
(identification): \_\_\_\_\_

Signed by Featherbed Homecare Ltd to declare the photograph provided is a true likeness to the applicant: \_\_\_\_\_