



Caring 2000 (Cardiff) Limited
Unit 1 Fair oak House
Fair oak Road Cathays
Cardiff CF24 4YA
Tel 029 2064 0001
Fax 029 2037 6139

ALL APPLICANTS MUST BE OVER 18 YEARS OF AGE

Please complete this application form in BLOCK letters

Personal Information

Please circle the appropriate title: Mr / Mrs / Miss / Ms

Name/Forename Surname

Current Address

.....

..... Postcode

Marital Status Nationality

Male Female

Home Telephone Mobile Phone

National Insurance Number D.O.B

Next Of Kin Name Relationship

Next Of Kin Address

.....

..... Postcode

Home Telephone Mobile Phone

Doctors Name Doctors Telephone

Please state when you are available to start work

.....

Do you have a valid UK driving licence? YES NO

Do you own a car? YES NO

Is your car insured? YES NO

Please state insurance company and insurance details

.....

Are you prepared to drive a Service Users Car? YES NO

Past Training Received (tick the appropriate answer)

Manual Handling & Lifting Techniques

YES NO

Please state when and where

.....

.....

Hoist Awareness/Training

YES NO

Please state when and where

.....

.....

Urinary Incontinence

YES NO

Colostomy Care (changing bag only)

YES NO

Senile Dementia

YES NO

Alzheimer's

YES NO

Spinal injury Care

YES NO

Learning Difficulties

YES NO

Physical Difficulties

YES NO

Incontinence management

YES NO

Personal Hygiene

YES NO

Service User Physical Aggression

YES NO

Mental Illness

YES NO

Are you able to assist Service Users during the night i.e. toileting, turning?

YES NO

Have you worked with children in a professional capacity?

YES NO

Please state when and where

.....

.....

.....

Please state any experience you have received in a Caring capacity, either paid or voluntary

.....

.....

.....

.....

Have you received an Enhanced police check?

YES NO

References

We require full details of two referees; one referee must be a past employer, relatives are not accepted. Lack of information will result in a delay in your application process. Please state the referees' full name, company, job title, address, telephone number, fax number and e-mail address .

Referee 1

Name Surname

Company Job Title

Current Address

.....

..... Postcode

Telephone Number

Fax Number

E-Mail

Referee 2

Name Surname

Company Job Title

Current Address

.....

..... Postcode

Telephone Number

Fax Number

E-Mail

Availability

Please indicate the hours that you are available to work in the table below:

Days Of Week	Start Time	Finish Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you available to work 24 hour live in shifts? YES NO

Are you available to work Night sleep/sit? YES NO

Health Record

Do you have any medical factors that may affect your work performance and place yourself and the Service User at risk? YES NO

Please state the medical condition

Are you currently taking any medication, prescribed or unprescribed? YES NO

Please state the purpose and name of medication

Criminal Convictions

Rehabilitation of Offenders Act 1974

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

Do you have any Criminal Convictions, either "spent" or "unspent" (or) Cautions? YES NO

Date of answering this question

Declaration

I declare that to the best of my knowledge and belief the information given is true, and I understand that employment will be considered subject to the particulars being correct. I further understand and accept that if any of the information given in this document is incorrect or untrue, the Company reserves the right to immediately terminate my employment with them.

Applicant's Signature Print Name

Date