



Live In Care Job Application Form

Please complete this confidential application form as fully as possible in order that the information may be entered into our secure database

Personal Details

Title:

Forename:

Middle Name: (If Applicable):

Surname:

Address:

Town:

County:

Postcode:

Date of Birth:

National Insurance No:

Email Address:

Home Tel. No:

Mobile Tel. No:

Emergency Contact Name:

Emergency Contact Tel. No:



Emergency Contact Relation:

Driving Licence:

YesNo

Own Transport:

YesNo

Licence Points:

Enhanced DBS Certificate

Enhanced DBS Certificate Number:

Date on certificate:

Are you on the update service?

YesNo

Previous Work Experience

Experience 1

Length of Employment:

From: To:

Happy for us to contact?

YesNo

Address:

Town:

Postcode:

County:

Email Address:



Reference Contact Name:

Job Title of Reference Contact:

Your Job Title:

Reason for Leaving:

What were your responsibilities:

Experience 2

Length of Employment:

From: To:

Happy for us to contact?

YesNo

Address:

Town:

Postcode:

County:

Email Address:

Reference Contact Name:

Job Title of Reference Contact:

Your Job Title:

Reason for Leaving:

What were your responsibilities:



Knowledge, Skills and Experience

I have the following care skills, care qualification and care experience.

Please **select** all the relevant boxes that apply (Proof maybe required)

Care Skills

Aspergers Behaviours That Challenge Cancer Care Catheter Care COSHH Training Dementia (Alzheimer, Vascular) End of life / Palliative Care Epilepsy / Buccal midazolam Incontinence Learning Disability (Autism, Down Syndrome etc) Manual Handling Medication Training Mental Health (Schizophrenia, Depression, Bi-Polar) Multiple Sclerosis Older People Palliative Care (Cancer, Brain Tumours, End Of Life) Parkinson's Peg Feeding Personal Care Physical Disabilities Sensory Disabilities (Blind / Deaf) Spinal Injury Stoma Stroke / Brain Injury Tracheostomy

Care Qualifications

Medical Nursing NVQ Health and Social Care Occupational Therapy The Care Certificate No Care Qualifications

General Care Experience

Care for close relative or loved one Home Care Live in care work Other Care Work

English Language Level

Very Basic Conversational Fluent

DECLARATION AND CONSENT

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signature:

Date:

I consent to Ace 24 consultancy checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

Signature:

Date:



Ace 24 Consultancy Ltd retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

Please send the completed application form to the following address:-

Compliance Team

Ace 24 Consultancy

Colchester Business Centre

1 George Williams Way

Colchester

Essex

CO1 2JS