



APPLICATION FORM

Please write clearly in **capital letters** using **Black pen** and complete all parts of this form.

Your Personal Details	
Surname	
Forenames	
Preferred First Name (if relevant)	
Date of Birth	
National insurance number	
Email	
Phone Number	
Post code	
Emergency Contact Details	
Title: (Mr/Miss/Mrs/Ms/Dr/etc.)	
Surname	
Forename(s)	
Relationship to you (parent, etc.)	
Address	
Post Code	
Mobile/Telephone Number	

BANK/BUILDING SOCIETY ACCOUNT DETAILS

<u>BANK/BUILDING SOCIETY ACCOUNT DETAILS</u>	
NAME OF BANK/BUILDING SOCIETY:	
BRANCH:	
SORT CODE:	
ACCOUNT NUMBER:	
ROLL NUMBER (WHERE APPROPRIATE):	

Education

<i>Schools / Colleges / Institutes Addresses</i>	<i>Dates</i>		<i>Qualifications Obtained</i>
	<i>Start</i>	<i>Finish</i>	<i>Grades</i>

Additional training relevant training

List any relevant training courses you have attended, giving brief details.

Name of Training Institution	Description of Training given	Dates	Qualification(s) Obtained if any

Employment history

Please provide three years of **continuous** checkable employment, education and/or training history.

You are also required to give a brief explanation of gaps (if any) in your work history, for example, travelling, studying, child care for which evidence may be required. Please return this completed form to your designated Recruitment Co-coordinator. Failure to produce the information required may delay the final offer of your post.

Employer's Name and Address	Position held	Dates	Reason(s) for Leaving

References

Please provide the names and addresses of two individuals to act as your referees; the first referee MUST be either your current/previous employer or educational institute.

Referee 1

Surname		First Name	
Job Title			
Company/Agency Name			
Employment Dates	Start Date	End Date	
Full postal address			
*Post Code/ Zip Code		Country	
Telephone		Fax	
* Professional e-mail			
* Relationship (Manager, Supervisor etc.)		Can the referee be contacted prior to interview?	yes No

Referee 2

Surname		First Name	
Job Title			
Company/person Name			
Employment Dates	Start Date	End Date	
Full postal address			
Post Code/ Zip Code		Country	
Telephone		Fax	
Professional e-mail			
Relationship (Manager, Supervisor etc.)		Can the referee be contacted prior to	yes No

		interview?	
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PRIMEWAY CARE (UK) LTD EQUAL OPPORTUNITIES MONITORING FORM

Primeway care Ltd has an Equal Opportunities Policy; in order to ensure that the policy is effective Primeway care is using this equal opportunities monitoring system. This information is confidential and will be used solely for the purpose of monitoring and planning our services.

Gender:

Male

Female

Ethnic Origin:

Black (African)

Black (Caribbean)

Black (British)

Black (Other) Describe: _____

White (British)

White (Irish)

White (Other) Describe: _____

Greek/Greek Cypriot

Turkish/Turkish Cypriot

Asian (Chinese/Vietnamese)

Asian (Indian/Pakistani)

Asian (Other) Describe: _____

Latin American

Mixed Parentage Describe: _____

Disability

Are you registered disabled?

Yes

No

Do you consider yourself to have a disability?

Yes

No

Specify: _____

Signature..... Date

For Office Use Only

Application Form checked by: _____

Date: ____ / ____ / ____

Signature: _____

Employee Start Date: ____ / ____ / ____

Employee End Date: ____ / ____ / ____

Job Description

Purpose of the job:

To provide high standard Personal and Practical support to vulnerable people with domiciliary care needs in their own homes, residential homes or at shelter accommodations. Your work will be overseen formally by the Project Coordinator and thereon by a Care Supervisor who will become your line manager, you will be reporting to your line manager.

Duties of the post include:

- Providing care at the homes of individuals with special needs and performing a range of supportive functions, including Personal and practical Care as specified by Social Services / Service User.
- Complying with the directions and requests of the Service User, as far as this is possible and in line with the organisation's policy statements.
- Adhering to the policies of the organisation and the principles upon which the service is based.
- Maintaining strict confidentiality of information regarding Service Users.
- Bathing in bed / bathroom / chair and assisting Service Users with all aspects of personal hygiene.
- Assisting with dressing and undressing.
- Assisting with mobility using any specialized equipment provided.
- Assisting with laundering.
- Preparing light meals if required and washing up.
- Making and changing Services Users' beds when necessary.
- Making occasional but essential shopping trips and collection of prescriptions.
- Completing and submitting weekly Time-Sheets and Expense Claim Forms.
- Participating in Induction Training and regular and purposeful supervision meetings.
- Keeping the office informed of any changes required by the Service User in their service provision.
- Taking the Service User to surgery (*GP*) or hospital appointments if stated on the Care Plan.
- Learning the organization's Health & Safety regulations, complying with them and being responsible for the reporting of any concerns to the managers.

DOCUMENTS TO ACCOMPANY YOUR APPLICATION FORM

- Passport or Home Office Documents
- 3 different utility bills (Gas/Electricity/Telephone etc) showing your name and address
- Your National Insurance Number card/letter
- Certificates indicating your qualifications in the care industry if any
- Certificates of training if any
- Current CRB certificate if any