

Choices Direct

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Company registered in England and Wales, Reg no: 7441705

Carer Application Form

First name:
Last name:
Address:
Home number: Mobile number: Email address:
Date of birth: Sex: Marital status: Nationality:
Passport number:
Emergency contact:
Starting date:
How long are you planning to stay?
Your profession: Have you got any qualifications you would like us to know about? (Ex: NVQ2)
Level of education completed:
What is your religion? How important is the religion in your life? <input type="checkbox"/> <i>very important</i> <input type="checkbox"/> <i>important</i> <input type="checkbox"/> <i>a little important</i> <input type="checkbox"/> <i>not important</i>

Do you smoke?	
How many cigarettes a day?	
If "Yes", can you restrain yourself while working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Status:	
Are you in a good health? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please give details :	
Do you have any allergies to animals, food, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you consider a live in position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you consider a live out position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long term support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Short term support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Day support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Night support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible to work in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you need a work permit please give details.</i>	
Do you have a driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Since when?	
What experience do you have in driving?	
<input type="checkbox"/> little experience <input type="checkbox"/> good experience <input type="checkbox"/> confident driver	
Would you accept to drive for the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have your own car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to live with a single female? <input type="checkbox"/> Yes <input type="checkbox"/> No	
single male? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list in detail your previous experience. Start and finish dates.	

Experienced with:

- People with learning disability
- Older people
- Physically handicapped
- Mentally handicapped
- Other (please give details)

Willing to work with:

- People with learning disability
- Older people
- Physically handicapped
- Mentally handicapped
- Other (please give details)

How would you describe yourself?

Please describe how you spend your leisure time:

Your hobbies:

Why do you want to work as a carer?

What do you have to offer?

I declare that I have no criminal convictions (even those that are deemed to be spent) **or** (delete as applicable) I have criminal convictions that I am willing to discuss.

I declare that I know of no conflict of interest relevant to my application as a carer **or** (delete as applicable) I am aware of conflict of interest that I am willing to discuss.

I consent for detailed checks and references to be taken up to support my application to become a Carer.

I understand that these checks could involve information about myself of a confidential medical and personal nature.

I consent for information about me to be kept by the Agency both in paper and on a computer database

I consent to information being passed by the Agency to the regulatory body as/if required.

I am eligible to work in the UK and my NI number is:

NAME:.....

SIGNATURE:.....

DATE:.....

