



We, at VersaCare, welcome your application to become one of our team of Care workers.

To help us to process your registration we will need to validate certain pieces of information. The items that are listed below are required to meet our legal obligations as well as to show us that you are capable of and available to work in our organisation. It also helps us to decide on the positions that would most suit your skills and experience.

As a guide you will need to bring 3 Documents for the C.R.B. application.

Could we please ask you to bring the original documents with you to your interview **and a cheque for £63.20 made payable to Versacare**

One document must be from Group 1 and any two other documents from Groups 1 and 2

Group 1

A valid passport any nationality
A UK birth certificate

UK issued Drivers License
Photo Identity Card

Group 2

Marriage certificate
Birth Certificate
UK P 45/P60
Bank/Building Society Statement
Utility Bill e.g. gas or eclectic
Credit card statement
Store card
A document form the UK Government
(e.g. Benefits, Employment or HMRC)

Financial Statement e.g. pension, endowment
Vehicle Registration Document
Mail Order Catalogue Statement
TV License
Addressed payslip
N.I. card
Work permit
Certificate of British Nationality
Last CRB

Also please bring with you:

An up-to-date C.V. (Curriculum Vitae, or Resume)
2 identical passport sized photographs
Car Insurance covering you for business use (if you have one)
N.V.Q.'s including certificates or other validated evidence of training courses.

Please ensure that you include copies of certificates and a CRB where applicable, this will greatly speed up the process.

The information provided is essential for us to assure that all our Care Workers are suited to the assignments that VersaCare offer, in terms of qualifications and abilities.

We will work with you to put together all the necessary documentation and complete the application process speedily, so that you may start working with our family of caregivers as soon as possible.

Yours Sincerely

Sue Kitson



2, Church Path
Coulston
Surrey
CR5 1HA

Tel: 01737 559308
Info@Versacare.co.uk

PERSONAL DETAILS (Please write in capitals)

Mr Mrs Miss Ms (Please Circle where appropriate)

First Names: _____

Surname: _____ Previous Name: _____

Present Address: _____

_____ Post Code : _____

Home Telephone No.: _____ Mobile: _____

Email address: _____

Date of Birth: day..... monthyear.....

National Insurance Number: _____

Do you have NVQ Qualification(s) (you will be required to provide proof) Yes / No.

Details _____

Do you have any other training certificates? (you will be required to provide proof) Yes/No

Details _____

Do you have a valid UK Driving Licence: Yes / No

Do you have use of a Car: Yes / No

Is your Car Insured for Business Use: Yes / No

POSITION APPLIED FOR: Live-in Care Worker

Desired length of assignment: Long term ____ Short term ____

Are you willing to travel anywhere in the UK? Yes ____ No ____

EMERGENCY CONTACT

Name : _____

Relationship : _____

Address: _____

Home Tel. No : _____ Work Tel. No : _____

Mobile: _____

PRATICAL EXPERIENCE

Workplace Experience

- Homecare
- Residential Home
- Nursing Home
- Hospital
- Other (specify)

Care Duties

- Pressure area care
- Simple dressings
- Assist with medication
- Terminal care

Toileting

- Continence Care
- Bedpans/Commodes
- Change Catheter bags
- Attach Night bag
- Applying convene
- Stoma care

Mobility

- Moving & handling
- Hoists (manual/electric)
- Use of walking aids

Personal Hygiene

- Bath/shower/strip wash
- Bed bath
- Use of bath Aids
- Shaving
- Oral Hygiene
- Hair care
- Feet Care
- Finger nail care
- Dressing/undressing

Practical Tasks

- Light Housework
- Personal laundry
- Shopping
- Basic cooking
- Advanced cooking
- Bed Making
- Changing bed
- Nutrition**
- Preparing meals
- Feeding
- Food Handling

Please give details of any experience gained whilst caring for family and friends:

EMPLOYMENT (Most recent first, please list ALL employment since leaving school, college, University. Use a continuation sheet if necessary)

Employer's Name and Address	Positions Held	From Date	To Date

GAPS IN WORK HISTORY (Please list all breaks in your work history with an explanation e.g. Caring for Mother, Travelled the World)

From Date	To Date	Reason

VOLUNTARY EXPERIENCE (Any work performed in the community, within a charitable organisation, Governmental Agency, or NGO)

Employer's Name and Address	Positions Held	From Date	To Date

Equal Opportunities Monitoring Questionnaire

As an equal opportunities employer we are committed to improving the procedures and practices promoting equal opportunities in the work place prohibiting unlawful or unfair discrimination.

To ensure these policies are being carried out all members are asked to provide us with information which will be held confidentially to ensure this policy is applied.

Do you consider yourself to be disabled? Yes / No

If you have any physical or mental impairment, which may have a short or long term effect on your ability to carry out normal day to day activities.

Please give details _____

Ethnic Origin :

- White British, Irish, other
- Mixed White/Black Caribbean, white/black African, White Asian, other
- Asian or Asian-British Indian, Pakistani, Bangladeshi, other
- Black or Black Caribbean, African, other
- Chinese
- Any other Ethnic Group

Languages Spoken: _____

It is a requirement of this job that successful applicants are subject to a Criminal Records Bureau Check (Enhanced Level).

Do you agree that such checks may be made concerning you: Yes / No

REFERENCES

Please provide details of two referees (including your current employer), who can give information relating to your reliability and competence in a caring role.

Please also provide a personal character reference from a non-family member who has known you for at least one year.

Employer Reference 1.

Name : _____

Position: _____

Organisation: _____

Address: _____

_____ Post Code _____

Tel. No: _____ Mobile: _____

Email: _____

Employer Reference 2.

Name : _____

Position: _____

Organisation: _____

Address: _____

_____ Post Code : _____

Tel. No: _____ Mobile: _____

Email: _____

Personal Reference

Name : _____

Relationship: _____ How long known: ____ years ____ months

Address: _____

_____ Post Code: _____

Tel. No: _____ Mobile: _____

Email: _____

May we approach the above prior to interview? Yes / No

VersaCare reserves the right to obtain further references in order to satisfy ourselves as to your suitability for employment. All references are treated in strictest confidence and will only be used in relation to providing a work assignment. Any other use will only be permitted upon written authority of the applicant.

Do you require a work permit or visa to work in the UK? Yes / No

If yes,

Do you hold a current visa or permit allowing you to work in the UK? Yes / No

Note: All successful applicants will be required to produce evidence of identity and eligibility to work (e.g. birth certificate, passport, work permit, visa).

CONFIDENTIALITY and DATA PROTECTION

I understand that during any assignment with, or arranged by VersaCare, I may have access to confidential data and records belonging to Versacare or to its clients, of both a business and personal nature. I will not disclose or use any business or personal information, whether identified as "Confidential" or not, to anyone else; either during or after any assignments with or arranged by VersaCare.

REHABILITATION OF OFFENDERS

VersaCare, in compliance with the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986 which states that:

"the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health or social care services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties";

must ask the following question, and your answer should include any juvenile convictions ('spent') or pending convictions.

Have you ever been convicted of, or cautioned for, a criminal offence? Yes / No

If yes, please give details:

Signature: _____ **Date:** _____

I understand that VersaCare is required, from time to time, to disclose personal details of staff members to the local authority under whose contract the company works. I agree to VersaCare sharing details included on this form with local authorities when requested to do so.

Signature: _____ **Date:** _____

DECLARATION

I declare that all the information given is true and I understand that any false or misleading information may result in termination of my employment with VersaCare.

Name: _____
(Please print)

Signature: _____ **Date:** _____

Where did you hear about us?	
Newspaper	
Job centre	
Word of mouth	
Google	
Website	

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