

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 UK issued Drivers License
- A UK birth certificate Photo Identity Card

### **Group 2**

- Marriage certificate
- Birth Certificate
- UK P45/P60
- Bank/Building Society Statement
- Utility Bill e.g. gas or electric
- 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 Resumé)
- 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  
Director

Please complete in BLOCK CAPITALS if handwritten – if we require any further information we will contact you by phone.

## 1 Personal Details

Date:     /     /

Full Name     Mr / Mrs / Ms / Other		
Any Previous surname		
Present Address		
	Post Code	
Telephone	Landline:	Mobile:
Date of Birth	/     /	National Insurance Number:

## 2 Training

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

## 3 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

## 4 Emergency Contact

Full Name     Mr / Mrs / Ms / Other		
Relationship		
Address		
	Post Code	
Telephone	Home tel no.:	Work tel no.:
	Mobile:	





## 6 Employment History

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

Employer's Name & Address	Position(s) 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 & Address	Position(s) Held	From date - To date

## 7 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 below:

## 8 Ethnic origin

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

Languages spoken:

## 9 Criminal Records Bureau Check

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

## 10 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

Full Name	Mr / Mrs / Ms / Other	
Position		
Organisation		
Address		
		Postcode
Telephone		Landline: <input style="width: 150px;" type="text"/> Mobile: <input style="width: 150px;" type="text"/>
Email		

### Employer Reference 2

Full Name	Mr / Mrs / Ms / Other	
Position		
Organisation		
Address		
		Postcode
Telephone		Landline: <input style="width: 150px;" type="text"/> Mobile: <input style="width: 150px;" type="text"/>
Email		



**Personal Reference**

Full Name Mr / Mrs / Ms / Other

Relationship  How long known?  yrs  mnths

Address

Postcode

Telephone Landline:  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.*

**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 month/Friend  Google search  Website

**CLICK 'SEND' TO OPEN YOUR EMAIL PROGRAM, OR SAVE AND ATTACH TO AN EMAIL, OR PRINT AND POST.**