**CLCS APPLICATION FORM (SUPPORT WORKER / CARER)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PERSONAL DETAILS** |  | **COMMENT** | **ATTACHED /**  **CHECKLIST** |
| **1** | First Name |  |  |  |
|  | Surname |  |  |  |
|  | Phone Number |  |  |  |
|  | Date of Birth |  |  |  |
|  | Famale / Male / Other |  |  |  |
|  | Nationality |  |  |  |
|  | Address |  |  | (2 Proofs) |
|  | Email Address |  |  |  |
|  | National Insurance Number |  |  | Payslip / NI Card |
|  | Drive? |  |  |  |
|  | Own Care / Registration Number |  |  |  |
|  | Driver Licence Number |  |  |  |
|  | Marital Status |  |  |  |
|  | Children |  |  |  |
| **2\*** | **RIGHT TO WORK** | **TICK & PROVIDE PROOF ID NUMBER / CODE/ REF** |  |  |
|  | **What Right to work do you have?** | **Right To Work will be checked according to Home Office Rules & Regulations** | **Admin to Check with Home Office** |  |
|  | 1. Leave to Remain |  | Expiry Date |  |
|  | 1. Indefinite Leave |  |  |  |
|  | 1. Certificate Of Sponsorship |  | Expiry Date |  |
|  | 1. Student Visa |  | Expiry Date |  |
|  | 1. British Passport |  |  |  |
|  | 1. Work Permit |  | Expiry Date |  |
|  | 1. Share Code |  | Expiry Date |  |
|  | 1. Other |  | Expiry Date |  |
|  | **PERMIT NUMBER / ID NUMBER** |  |  |  |
| **3** | **DBS (uCheck) Update Service** |  |  |  |
|  | DBS Number  (Enhanced Adult)  (Enhanced Adult & Children) |  | DBS Expiry Date | ***DBS within a year or on the update service) – we must have the original green certificate*** |
|  | Is DBS on Update Service? |  |  |  |
| **4** | **REFERENCES** |  |  | ***These must be verified references*** |
|  | **Professional Work Reference 1** |  |  |  |
|  | Company Name |  |  |  |
|  | Company Address |  |  |  |
|  | Company Email Address |  |  |  |
|  | Company Phone Number |  |  |  |
|  | Contact Name |  |  |  |
|  | Position |  |  |  |
|  | Reference Letter/ Email Received? |  |  |  |
|  | **Professional Work Reference 2** |  |  |  |
|  | Company Name |  |  |  |
|  | Company Address |  |  |  |
|  | Company Email Address |  |  |  |
|  | Company Phone Number |  |  |  |
|  | Contact Name |  |  |  |
|  | Position |  |  |  |
|  | Reference Letter/ Email Received? |  |  |  |
|  | **Character Reference 1** |  |  |  |
|  | Name |  |  |  |
|  | Address |  |  |  |
|  | Email Address |  |  |  |
|  | Phone Number |  |  |  |
|  | Contact Name |  |  |  |
|  | Position |  |  |  |
|  | Relationship to You |  |  |  |
|  | Reference Letter/ Email Received? |  |  |  |
| **5** | **NEXT OF KIN** |  |  |  |
|  | Next of Kin Name |  | Next of Kin Phone Number |  |
|  | Next of Kin Address |  | Relationship to Next of Kin |  |
| **6** | **PROOF OF ADDRESS, CV & GP** |  |  |  |
|  | Proof of Address 1  (within 3 months) |  |  |  |
|  | Proof of Address 2  (within 3 months) |  |  |  |
|  |  |  |  |  |
|  | CV Provided (No Gaps) |  |  |  |
|  |  |  |  |  |
|  | Your GP Name |  | Your GP Address |  |
|  | Your GP Phone Number |  |  |  |
| **7** | **SELF EMPLOYED** |  | (Fill in if applicable) |  |
|  | Self Employed Company Name |  |  |  |
|  | Company Number |  |  |  |
|  | UTR Number |  |  |  |
|  | Company Address |  |  |  |
|  | Self Employed Insurance Provided |  |  |  |
|  | Business Insurance with whom |  | Provided |  |
|  | MOT Certificate |  |  |  |
| **8\*** | **TRAINING CERTIFICATES** |  |  |  |
|  | **COURSE** | **FREQUENCY** | **TICK** | **EXPIRY DATE** |
| A | Care Certificate (This is a separate certificate to the additional), | Every 2 years |  |  |
| B | Health & Safety | Every 2 years |  |  |
| C | Equality & Diversity | Every 2 years |  |  |
| D | Infection Control | Every 2 years |  |  |
| E | Moving & Handling (Must be practical) | Every 1 year |  |  |
| F | Basic Life Support | Every 1 year |  |  |
| G | Safeguarding Adults and Children | Every 2 years |  |  |
| H | Administration of Medication | Every 1 year |  |  |
| J | Mental Capacity Act / Deprivation of Liberty Safeguards | Every 3 years |  |  |
| K | Information Governance (GDPR) – Annually, | Every 1 year |  |  |
| L | Fire Safety – Annually, Dementia - Every 3 years, | Every 3 years |  |  |
| M | Food Hygiene | Every 3 years |  |  |
| N | Control of Substances Hazardous to Health (COSHH) | Every 3 years, |  |  |
| O | Nutrition and Hydration | Every 2 years |  |  |
| P | Learning Disabilities and Autism (Oliver McGowan) | Every 2 years |  |  |
| Q | Epilepsy Awareness - Every 2 years, Mental Health Awareness | Every 2 years |  |  |
| R | Oral Health | Every 3 years |  |  |
| **9** | **OTHER TRAINING COURSES** | **FREQUENCY** | **TICK** | **EXPIRY DATE** |
| 18 | PMVA |  |  |  |
| 19 | NAPPI |  |  |  |
| 20 | NVQ Level I,2,3,4,5 |  |  |  |
| **10** | **WORK EXPERIENCE** | **MOST RECENT** |  |  |
|  | **Company Name 1** |  |  |  |
|  | Start Date |  |  |  |
|  | End Date |  |  |  |
|  | Duties |  |  |  |
|  | Reason For Leaving |  |  |  |
|  |  |  |  |  |
|  | **Company Name 2** |  |  |  |
|  | Start Date |  |  |  |
|  | End Date |  |  |  |
|  | Duties |  |  |  |
|  | Reason For Leaving |  |  |  |
|  |  |  |  |  |
|  | **Company Name 3** |  |  |  |
|  | Start Date |  |  |  |
|  | End Date |  |  |  |
|  | Duties |  |  |  |
|  | Reason For Leaving |  |  |  |
| **11** | **EDUACATION** | High School |  |  |
|  | Institute Name 1 |  |  |  |
|  | Start Date |  |  |  |
|  | End Date |  |  |  |
|  | Subjects |  |  |  |
|  | Qualifications |  |  |  |
|  |  | University |  |  |
|  | Institute Name 1 |  |  |  |
|  | Start Date |  |  |  |
|  | End Date |  |  |  |
|  | Subjects |  |  |  |
|  | Qualifications |  |  |  |
| **12** | **NVQ / DEGREE** | (If Application) |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **13** | **JOB TYPE PREFERED** | (Tick as many as you want) |  |  |
|  | LiveIn |  |  |  |
|  | Domiciliary Care |  |  |  |
|  | Supported Living |  |  |  |
|  | Care Home |  |  |  |
|  | Other |  |  |  |
| **14** | **HOBBIES** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **15** | **MEDICAL HISTORY** | **Any Medical Conditions which would affect your daily task?** |  |  |
|  |  |  |  |  |
| **16** | **DECLARATION** |  |  |  |
|  | **I CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND TO THE BEST OF MY KNOWLEDGE** |  |  |  |
|  | **PRINT NAME** |  |  |  |
|  | **SIGNATURE** |  |  |  |

**The compliance we need is:**

* Right to Work (British Passport, Residence Permit) – **unfortunately, we cannot offer live-in placements to candidates that require sponsorship due to our company not holding the required licences**.
* Another form of Photo ID  (Passport, Driver license, permit card, ID card)
* Proof of Address (within 3 months)
* **Enhanced** DBS Certificate (within a year or on the update service) – **we must have the original green certificate**
* Full CV – ***Must have full work history with no gaps or gaps explained.***
* Driver's License (if accepting a driving placement)(If taking driving position, we will also need proof of MOT and business insurance)
* If they are self-employed, we need their UTR number *(or proof they have applied for it)*and self-employment insurance, if they are not self-employed, we will need a payslip.
* Each candidate **MUST** be able to take 1 form of photographic ID with them

|  |  |
| --- | --- |
| **COMPLANCE** | All documents must be provided by the candidate, and they cannot work until compliance has been completed in full and approved by management. |
| **DOCUMENTS** | **Original Documents Only** |

**DOCUMENT CHECKLIST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **17** | **DOCUMENTS PROVIDED BY CANDIDATE**  **DOCUMENT** | **TICK** | **ATTACHED** | **RECEIVED BY** | **VERIFIED BY** |
| A | Photo Passport ID |  |  |  |  |
| B | Right to Work |  |  |  |  |
| C | Driver Licence Photo ID |  |  |  |  |
| D | Proof of Address 1 |  |  |  |  |
| E | Proof of Address 2 |  |  |  |  |
| F | DBS Original |  |  |  |  |
| G | Work Reference 1 (Written) |  |  |  |  |
| H | Work Reference 2 (Written) |  |  |  |  |
| I | Character Reference 1 (Wriiten) |  |  |  |  |
| J | CV Provided |  |  |  |  |
| K | Training Certificates (All Listed on page 2) |  |  |  |  |
| L | Other: |  |  |  |  |
| M | Other: |  |  |  |  |
|  | **SELF EMPLOYED (only)** |  |  |  |  |
| N | Company Registration Certificate |  |  |  |  |
| O | Business Insurance |  |  |  |  |
| P | MOT Certificate |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**STICTLY - FOR OFFICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **INTERVIEW** |  |  |  |
| **18** | Concept Living Care Candidate Interview  (Date) |  | Outcome  (Pass / Fail) |  |
|  | Interview Conducted By |  |  |  |
|  | Approved by Manager |  | Date |  |
|  | Client Interview  (Date) |  | Outcome  (Pass / Fail) |  |
| **19** | **CANDIDATE ONBOARDING** |  |  |  |
|  | Welcome Letter Issued |  |  |  |
|  | Contract of Employment Issued |  | Contract Signed |  |
|  | Staff Handbook |  |  |  |
|  | Policies |  |  |  |
|  | Induction |  |  |  |
|  | Personal Protective Equipment (PPE) |  |  |  |
|  | ID Card |  |  |  |
|  | Shadowing / Handover |  |  |  |
| **20** | **PLACEMENT** |  |  |  |
|  | Start Date |  |  |  |
|  | Care Plan / Pen Picture |  |  |  |
| **21** | **NOTES /COMMENTS** |  |  |  |
|  |  |  |  |  |