

Please answer all of the questions as fully as possible and ensure you enclose a CV with your application. This form will be treated in the strictest confidence.

PERSONAL DETAILS

Full name:
Address:
Telephone number:
Mobile number:
Email address:
Do you hold a full clean driving licence?
Do you own your own car?
Smoker/non-smoker?
Eligibility to work in the UK: Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have answered 'no' above, please select the category that relates to your current immigration status. This status will be subject to checking before interview.</p> <p><input type="checkbox"/>Tier 1/HSMP (Highly Skilled Migrant Programme)</p> <p><input type="checkbox"/>Tier 2/HSMP (Highly Skilled Migrant Programme)</p> <p><input type="checkbox"/>Indefinite Leave to Remain/Enter</p> <p><input type="checkbox"/>Tier 4 Student</p> <p><input type="checkbox"/>Tier 5 Temporary Workers</p> <p><input type="checkbox"/>Ancestral Visa</p> <p><input type="checkbox"/>Dependant / Spouse visa</p> <p><input type="checkbox"/>Refugee</p> <p><input type="checkbox"/>Visitor</p> <p><input type="checkbox"/>Other, please specify below -----</p>
<p>Does your visa have a condition restricting employment or occupation in the UK?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Please supply details of any visa currently held:</p> <p>Visa No:</p> <p>Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY)</p> <p>Details of any Restrictions:</p>

Please detail any gaps in your employment history:-

--

REFERENCES

Please provide details of three referees, one of which should be your current or most recent employer. Any work reference should be addressed to the Company address or email address. The additional personal reference should be from a friend/colleague (not a relative) who has known you for a minimum of 12 months.

1. CURRENT OR MOST RECENT EMPLOYER

Employer name:
Company address:
Telephone no:
Email:
May we contact them before interview?

2. ADDITIONAL WORK REFERENCE

Employer Name:
Address:
Telephone no:
Email:
Capacity and length of time known for?

3. PERSONAL REFERENCE

Personal referee

Address:

Telephone no:

Email:

In what capacity and for how long have you known them?

HEALTH

Do you suffer from any allergies?

If yes, are you able to control with medication?

Do you have any special dietary requirements?

The role of a live in carer is a physically and mentally demanding role. If your application is successful you will be required to demonstrate a good level of physical fitness as part of the assessment on our 5 day training and induction course.

I confirm that I am physically and mentally fit to undergo training to register as a live in carer

Signature:

If you are submitting this form electronically we will accept a typed in name as a signature

REHABILITATION OF OFFENDERS ACT 1974

The nature of the work for which you are applying is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Therefore it is required that all previous convictions are declared, including those normally regarded as "spent". Any information given will be strictly confidential and considered only in relation to this application.

DO YOU HAVE ANY SUCH CONVICTIONS?

IF YES, PLEASE GIVE DETAILS:

GENERAL

Would you look after a couple?			
Would you object to being in a smoking household?			
Do you mind household pets?			
Personal care experience	YES	NO	WILLING
Moving and handling experience	YES	NO	WILLING
Mental illness experience	YES	NO	WILLING
Are there any aspects of care you are not comfortable with?			
Location preference?	RURAL	CITY	NO PREFERENCE
List your hobbies:			
Are you happy to undertake housework?			
How would you rate your cooking ability?			
Why do you want to be a carer?			
When would you be available for training?			
For how many weeks are you available to work at one time?			
Minimum daily rate expected?			
How did you hear about Corinium Care?			

CONFIRMATION OF INFORMATION:

I confirm that the above information is complete and correct and that any missing, untrue or misleading information will give Corinium Care the right to terminate my engagement.

Name..... Signed.....

If you are submitting this form electronically we will accept a typed in name as a signature

Please enclose a full and up-to-date Curriculum Vitae to support your application.

Corinium Care Ltd, George Street, Nailsworth, Gloucestershire, GL6 0AG

www.coriniumcare.com

APPLICATION STATEMENT

PLEASE READ THE STATEMENTS BELOW AND IF YOU AGREE, SIGN AND DATE THE FORM AND RETURN IT WITH YOUR APPLICATION. WE REGRET THAT WE WILL BE UNABLE TO PROCEED WITH YOUR APPLICATION UNLESS THIS FORM IS SIGNED AND RETURNED.

Corinium Care Limited operates a system of stringent documentation checks in order to establish carer status and identity. In order to process your application fairly, it is also necessary for us to electronically store your personal information. We would therefore request you to give your consent to the following statements by signing below with the current date.

“I agree that work offered will be subject to an application for an enhanced Disclosure and Barring Service check, including an Adult First check.”

“I hereby give permission to Corinium Care Limited to work with the Home Office and Immigration Service in order to verify my eligibility to live and work in the United Kingdom. I also permit Corinium Care Limited to hold personal and sensitive data about me in accordance with the Data Protection Act 1998.”

Please note that if you are a car driver, you are solely responsible for obtaining a driving licence, taxing and insuring your vehicle for business use, and for any liability in the event of an accident whilst registered with Corinium Care. By signing below, you agree to these conditions.

Sign.....

Print.....

Date.....

If you are submitting this form electronically we will accept a typed in name as a signature