

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.

We require you to **SEND WITH YOUR APPLICATION** copies of 5 Documents for the D.B.S. application, or update.

At least one of the documents must be a valid passport and another must be your last DBS. The Utility Bills must be no older than two months.

**Please note we are regularly inspected and use authentication devices and online checks to detect fake or falsified documents, as required by the UK Border Agency, and have a legal obligation to report any documents which are deemed to be suspicious or irregular.**

Please bring the original documents with you to your interview.

**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
- Biometric Residence Permit

**Group 2**

- UK issued Drivers Licence
- Marriage certificate
- Birth Certificate
- UK P 45/P60
- Bank/Building Society Statement
- Addressed payslip
- Store card
- Certificate of British Nationality (e.g. Benefits, Employment or HMRC)
- Financial Statement e.g. pension, endowment
- Vehicle Registration Document
- Mail Order Catalogue Statement
- Utility Bill e.g. gas or eclectic
- Credit card statement
- A document from the UK Government

***We also need you to send before your interview***

- TWO identical passport sized photographs
- Car Insurance covering you for business use (if you have one)
- Certificates or other validated evidence of training courses

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. Applicable payment for DBS will be taken from your pay once you have started working.

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.

When completed either FAX , email or send it back to us at the addresses on this application form.

Yours Sincerely

*The Recruitment Team*

Please complete on screen or in BLOCK CAPITALS if handwritten – if we require any further information we will contact you by phone.  
 All text will resize as necessary to fit boxes, but if you need more space to respond please continue on the last page, identifying the section applicable.

## 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 Health/Social Care 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

Do you have any pets' allergies: YES  NO

If yes, please specify:

Do you smoke: YES  NO

Do you have any special dietary needs or food allergies: YES  NO

If yes, please specify:

## 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:		



## 5 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

## 6 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:

## 7 Ethnic origin

- |  |  |
|--|--|
| <input type="checkbox"/> White - <i>British, Irish, other</i>                      | <input type="checkbox"/> Mixed - <i>White/Black Caribbean, white/black African, White Asian, other</i> |
| <input type="checkbox"/> Black or Black-British - <i>Caribbean, African, other</i> | <input type="checkbox"/> Asian or Asian-British - <i>Indian, Pakistani, Bangladeshi, other</i>         |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Any other ethnic group  |

Languages spoken:

## 8 Disclosure And Barring Service (DBS)

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

Do you agree that such checks may be made concerning you?: YES  NO

## 9 Working in the UK

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).



## 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	<input type="text"/>
Position		<input type="text"/>
Organisation		<input type="text"/>
Address		<input type="text"/>
		<input type="text" value="Postcode"/>
Telephone	Landline:	Mobile:
Email	<input type="text"/>	

### Employer Reference 2

Full Name	Mr / Mrs / Ms / Other	<input type="text"/>
Position		<input type="text"/>
Organisation		<input type="text"/>
Address		<input type="text"/>
		<input type="text" value="Postcode"/>
Telephone	Landline:	Mobile:
Email	<input type="text"/>	

### Personal Reference

Full Name	Mr / Mrs / Ms / Other	<input type="text"/>	
Relationship	<input type="text"/>	How long known?	<input type="text"/> yrs <input type="text"/> mnths
Address	<input type="text"/>		
	<input type="text" value="Postcode"/>		
Telephone	Landline:	Mobile:	
Email	<input type="text"/>		

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.

## 11 Your experience as a Carer or Support to a Family Member or Friend

(if you are new to care, answer to the best of your knowledge and life experience and/or other work roles so far)

1. What do you think is your most important current training need for you as a carer?

2. What do you understand by the terms consent and confidentiality?

Consent means:

Confidentiality means:

3. Have you experienced a fall with a client? What actions did you take and why?

4. Detailed daily record keeping will be required. Can you list below what you would regard as essential client information you should record?

5. Describe three methods of communication, other than verbal communication

i)  
ii)  
iii)

6. What causes a pressure sore? What can you do to prevent a pressure sore?





### 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 on your PC if filled in on-screen,  
OR Save to your PC and attach to an email,  
OR Print and fax to 0201 101 6358  
OR Print and post to VersaCare Ltd, 2 Church Path, Coulsdon, Surrey, CR5 1HA.





VersaCare Limited.  
Registered Office: 2, Church Path, Coulsdon, Surrey, CR5 1HA.  
Tel: 0800 0087661. FAX 0201 101 6358. info@Versacare.co.uk  
Registered in England No. 05739535

If necessary, please use this space to expand on details for any previous section, identifying the relevant section you are referring to.

A large, empty rectangular box with a thin blue border, intended for providing additional details or references as instructed in the text above.