



12. Details of any criminal offences:
- a) of which you have been convicted, including details of any convictions which are spent within the meaning of section 1 of the Rehabilitation of Offenders Act 1974(a) and which may be disclosed by virtue of the Rehabilitation of Offenders (Exeptions) Order 1975(b);
  - b) in respect of which you have been cautioned by a constable and which, at the time the caution was given, you admitted.

Signed and Date:

13. Please include two written references, including a reference to the last period of employment of more than three months duration which involved work with children or vulnerable adults.
14. If you have previously worked in a position which involved work with children or vulnerable adults, please provide verification, so far as possible, as to why you have ceased to work in that position.
15. If your qualifications were obtained outside the UK, please provide evidence of your knowledge of the English language.
16. Please enclose copies of all relevant qualifications and training
17. Details of any professional indemnity insurance.
18. Your physical and mental health (Please circle the appropriate answer)

Are you in good physical health?                      Yes    No

If No, please give details

Are you taking any prescribed medicine?                      Yes    No

If Yes, please give details

Do you have any mental health problems?                      Yes    No

If Yes, please give details

Is there any further medical information that may have an influence on your ability to perform your function as carer that the agency should be aware of?

**DO YOU SMOKE?**

Yes No

I hereby declare that the medical information detailed above is true and accurate to the best of my knowledge. I understand that a false medical declaration may lead to refusal of this application.

Signed: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

**DECLARATION**

During a live-in carer's day, there will be times when the carer is indirect attendance on the client, and times carrying out duties at the direction of the client, both of which constitute hours worked. There will also be times when carers are able to carry out their own activities while being available on call, and times when they can pursue their own activities without being on call. The mix of how these hours are structured varies daily, and can be different for each client. Carers are required to sign a statement that they accept this, and that the hours worked will exceed the 48-hour working week threshold designated by The Working Time Regulations 1998, which require such written consent by temporary workers exceeding these hours.

Signed: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

**DECLARATION**

I have read and understood the *Code of Practice for Social Workers* of the General Social Council, and the following documents prepared by the Agency: the *Job Summary*, the *Health and Safety at Work Policies*, *Confidentiality Policy* and the *Administration of Medication Policy and Procedure*. I understand that all new carers working for this agency are subject to a eight weeks probation period and that the agency could terminate its relationship with that carer if their performance is unsatisfactory. I agree to comply with the contents of these documents and understand that failure to do so may lead to disciplinary action.

Signed: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_