CARER REGISTRATION FORM

Please note we will need to see proof of your National Insurance Number and eligibility to work in the UK. All information will be treated as strictly confidential and no approach will be made to any person without your permission. ***Please fill Carer Registration Form clearly in BLOCK letters.***

Position applied for:	
Do we need to make any disability-related adjustments to allow you to take part in the recruitment process?	Yes / No
CONSENT FOR PHOTOGRAPHY	
I understand that they will form part of my employee file record, ID, company's online systems for identification purpose	[SIGNATURE]
PERSONAL DETAILS	
Forenames: Mr | Mrs | Miss | Ms	Surname:
Address:	
	Postcode:
Mobile number:	Email:
National Insurance Number:	Date of Birth:
NEXT OF KIN (Emergency contact)	
Full name:	Full address:
	Postcode:
Telephone number:	Relationship:
BANK DETAILS	
Name and address of bank AWEQ/ building society:	
Account in the name of:	
Sort code:	Account number:
EDUCATION AND TRAINING (please start with Secondary Education details)	
Name of School:	
Date of attendance (from – to):	
Qualifications:	
Grades:	
Name of School:	
Date of attendance (from – to):	
Qualifications:	
Grades:	
ADDITIONAL AND PROFESSIONAL QUALIFICATIONS	

EMPLOYMENT HISTORY (Please give details of your employment history for last 5 years and **attach CV**. Your CV must include your full employment history. Please include any gaps. Please continue separate sheet if necessary)

Name and address of employer	Position	Date from	Date to	Reasons for leaving

EXPERIENCE QUESTIONNAIRE		
Do you have experience in domiciliary care?	Yes / No	How many years:
Experience of moving and handling		Yes / No
Experience of personal care		Yes / No
Experience of dementia		Yes / No
Experience of taking and recording general observations (If yes, please state below which)		Yes / No
Do you have experience in complex care?	Yes / No	How many years:
Experience of working in learning disabilities		Yes / No
Experience of caring for the terminally ill		Yes / No
Experience of caring for those with physical disabilities		Yes / No
Experience of spinal injury care		Yes / No
Experience of acquired brain injury care		Yes / No
Experience of stroke patient care		Yes / No
Experience of caring for people with degenerative conditions		
If you have other experience in providing complex care please specify below		

TRAINING (please provide a copy of your certificates at interview)			
Training / Course	Date of completion	Training / Course	Date of completion
Fire safety		Medication administration	
Moving and handling		Food hygiene	
Health and safety		First aid	
Infection control		Safeguarding	
Learning disability		Record keeping	
Please give details of any further training / course below and state date of completion			

REFERENCES (Please give the names of two professional people, of senior grade / position to you, including your present or most recent employer. The person giving the reference must not be your family or friend. If the references do not cover the last five years of work, please provide additional referee details on a separate sheet. Please remember that home address of referees is not acceptable.)		
REFERENCE 1		
Name and surname:	Position:	
Company name:	Address:	
Post code:	Tel. no.:	Email:
How long has this person known you in a professional work content?		
REFERENCE 2		
Name and surname:	Position:	
Company name:	Address:	
Post code:	Tel. no.:	Email:
How long has this person known you in a professional work content?		

REFERENCE 3	
Name and surname:	Position:

Company name:	Address:

Post code:	Tel. no.:	Email:
How long has this person known you in a professional work content?		

DECLARATION – INVESTIGATON / SUSPENSION	
Have you ever been investigated or suspended for a disciplinary or other matter, e.g. for a referral under safeguarding arrangements? If yes, please provide details and the current investigation status on separate sheet.	Yes / No
I agree to inform Homely Heights Care Limited if, any time, whilst employment / registered with them, I am suspended from duty by any other organisation [DATE AND SIGNATURE]	

TRANSPORT	
Do you have valid driving licence?	Yes / No
Do you have access to a car?	Yes / No
What other forms of transport do you use?	
Please attach a two-sided copy of your driving licence to this form. Please also generate a check code to check your driving licence (https://www.gov.uk/view-driving-licence) 'Check code':	

RIGHT TO WORK DETAILS (Under current legislation, an employer must check a person's permission to work in the UK before employing them. Any offer of employment may be subject to you providing evidence of your right to work within UK. Please attach a copy of your passport to this form)
I give permission for Homely Heights Care Limited to contact the Home Office / United Kingdom Immigration Service in order to establish my immigration status and eligibility to work. [DATE AND SIGNATURE]
Right to work (please state your right to work):
Please on https://www.gov.uk/prove-right-to-work create a 'share code' Share code:
If you cannot generate a share code, please complete the following and attach your visa to this form

Visa:	Type:	Expiry date:

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. 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 relations to this application.	
Have you ever been convicted, cautioned, reprimanded, or given final warning for a criminal offence or are you currently subject of police investigations?	Yes / No
Are you waiting to hear about any pending prosecutions?	Yes / No
Are you aware of any police enquiries undertaken following allegations made against you?	Yes / No
Have you ever been subject of a disciplinary investigation or proceedings by a previous employer?	Yes / No
If you answered yes to any of the questions, please provide details	

DISCLOSURE AND BARRING SERVICE CHECK
Failure to declare a conviction may require us to terminate your employment if the offence is not declared but later comes to light. A criminal record will not necessarily be a bar to obtaining a position. Disclosure information will not be used unfairly.

Do you have any such convictions spent or unspent?		Yes / No
Do you have a current Enhanced Criminal Record Bureau (DBS) Disclosure Certificate?		Yes / No
If yes, please provide Certificate date and DBS number:		
Do you have DBS on the update service, if yes please provide details below		
Place and country of birth:		
Nationality since birth:		
Current nationality?		
List of home addresses from last 5 years IN ORDER OF YOUR PRESENT LOCATION FIRST, TO THE ONE YOU LIVED EARLIEST (including dates of moving in and out, month and year) The list must not contain gaps		
Full address:	Date from (month and year):	Date to (month and year):
Full address:	Date from (month and year):	Date to (month and year):
Full address:	Date from (month and year):	Date to (month and year):
Full address:	Date from (month and year):	Date to (month and year):
Full address:	Date from (month and year):	Date to (month and year):
Full address:	Date from (month and year):	Date to (month and year):
Please state all the previous surnames or names that you had and the dates on which you used them (for example, a change of name following marriage, in which case the full name and dates of use of the maiden name should be given)		
Full name:	From:	To:
Full name:	From:	To:
Full name:	From:	To:

AGREEMENT TO DEDUCT FROM PAY – DBS CHECK

Cost of Disclosure and Barring Service check: £75.00
I agree to have the above amount deducted from my pay or from any other source available to my employer if my employment is terminated for any reason within my probationary period (6 months) by either party. I understand that this is a relevant provision of my contract and that if insufficient remuneration is due to me from my employer, civil court action may be taken to recover.
[DATE AND SIGNATURE]

PENSION DETAILS

Homely Heights Care Limited operates a pension scheme that meets the requirements of automatic enrolment and into which you will be enrolled should you be eligible. In you are non-eligible you may still be enrolled at your request. Your employer cannot ask you or force you to Opt out. If you are asked or forced to Opt out, you can tell The Pensions Regulator. If you change your mind, you may be able to opt back in – write to Homely Heights Care Limited if you want to do this. [DATE AND SIGNATURE]

Please indicate if you wish to Opt in or Opt out of the pension scheme	Opt in / Opt out

WORKING TIME REGULATIONS

The Working Time Regulations (1998) state that an employee cannot be expected to work in excess of 48 hours per week, on average.
By signing this form you opt-out of the 48 hours limit on working time as stated in the Working Time Regulations, on the understanding that if you work over 48 hours per week it is your choice to do so.
You understand that by opting out of the 48 hours limit on working time, I may still work in excess of 48 hours per week on average but this is my choice to do so. If I wish the 48 hours limit to apply to my employment in the future I am required to notify the company in writing.

I confirm that I would like to opt out of the 48 hours working time directive: Yes / No [DATE AND SIGNATURE]

CONFIDENTIALITY

Any information obtained by you during the course of your duties is confidential and should not be disclosed to any third party if it is not legitimately in connection with their treatment or any other official investigation. Please take care with Service Users records when on assignment to ensure that they are not in undue danger of being accessed by unauthorised individuals. Service Users' information should only normally be shared with their consent – you should make sure Service User understand that their information may be shared with various members of the team providing care. It is a Service User's decision what information should be shared with their family or others. Where a Service Users has withheld consent, disclosures of information may only be made if they can be justified in the public interest, or they are required by law or court order.
You are also required to comply with La vie en Rose Ltd policies and procedures.

PRIVACY NOTICE

I hereby declare that by proceeding with the recruitment process I consent to the processing of my personal data. Furthermore, I consent to the processing of my personal data in the event that I am employed by Homely Heights Care Limited. I understand that Homely Heights Care Limited processes my personal data as necessary and in accordance with the law. I understand that a Data protection compliance statement - Privacy Notice, is available at the branch Homely Heights Care Limited. [DATE AND SIGNATURE]

DECLARATION

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to Service Users if necessary. I consent to references being passed onto potential employers. I consent to my information being made available for the purpose of audit to third parties.

If during the course of an assignments Service User wishes to employ me direct, I acknowledge I must inform Homely Heights Care Limited in the first instance. You are prohibited from contacting, entice or working for the company's clients for a period of one year after the end of the employment. In the event of a breach of this clause, the company has the right to take appropriate legal action and claim any losses and damages.

I will inform Homely Heights Care Limited immediately of any circumstances that may affect my work.

I give permission for Homely Heights Care Limited to contact a third party for information needed for my file. [DATE AND SIGNATURE]
INFORMATION
Homely Heights Care Limited shall not discriminate unlawfully when deciding which candidate is submitted for a vacancy, or any terms of employment. We will ensure that each candidate is assessed only in accordance with the candidate's merits, qualifications, and ability to perform the relevant duties required by the particular vacancy.
DECLARATION
I declare that the information I have provided in the "Carer Registration Form" and the documents attached during the recruitment process is true, I understand that any offer of employment made on the basis of false or misleading information may be withdrawn or my employment terminated with immediate effect. Full name: Signature: Date:

NEW STARTER INFORMATION (this section is completed by the Manager)	
Job title	
Wage / Salary	
List any other attachments e.g. P45, P46, driving licence, etc.	
Date and Manager's signature	

This form should be attached:

- CV,
- ID, passport, driving licence,
- P45 or P46,
- Test result https://www.16personalities.com/