



the **BESPOKE CARE** company
providing care • enabling independence

Please answer the questions as fully as possible.
All the information you provide to us will be treated in the strictest confidence.

POSITION APPLIED FOR	Date of Application
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PERSONAL DETAILS

Surname	First names
Address	Maiden name (if applicable)
	Home Telephone No.
Postcode	Email address
National Insurance Number	Mobile No.
Nationality	Date of Birth

QUALIFICATIONS AND/OR TRAINING

Education details:
Relevant care qualifications / care training (please include dates of training/certificate):

EMPLOYMENT

Date		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				

AVAILABILITY

Period of notice required		Are you legally eligible for employment in the UK?	YES NO
Date available for work		Do you hold a current driving licence?	YES NO
Do you require a work permit?	YES NO	Do you own a car?	YES NO

KNOWLEDGE, SKILLS AND EXPERIENCE

Please tell us why you would be suitable for the position of a live in carer, setting out relevant knowledge, skills and experience you have gained from current/previous employment or voluntary/community work.

You should also provide any other information that may be of interest and relevant to the position. Please also describe your aspirations and ambitions.

(If necessary, you should continue on a separate sheet).

REFERENCES

Please give the name and address of two referees, one should be your present or most recent employer.

Name	Status	Address and Telephone No
1.		
2.		

ADDITIONAL PERSONAL DETAILS

Please list any outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

CRIMINAL DISCLOSURE

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? (If yes, please provide details)

YES NO

HEALTH DECLARATION

Please give details about your overall health:
(If yes, please provide details)

Are you on any medication? YES NO

Do you suffer from allergies? YES NO

Have you suffered from any serious illness or injury in the last five years? YES NO

Do you consider yourself mentally and physically fit for the role of a live in carer?

YES NO

By ticking this box, I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may jeopardise my successful registration with The Bespoke Care Company.

I give The Bespoke Care Company the right to investigate all references.