

# Caretime

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*Committed to quality care*

help is at hand...

## Application Form

Caretime Services is committed to building an organisation that makes full use of the talents, skills, experience, and different cultural perspectives available in a multi-ethnic society, and where people feel they are respected and valued, and can achieve their potential regardless of race, colour, nationality, national or ethnic origins, sex, married status, sexual orientation, disability, physical characteristics, health, age, or religion or belief.

Position Applied for ..... Source of application .....

Surname ..... All Forenames .....

Title (Mr/Mrs/Miss/Ms) ..... Marital Status .....

Date of Birth: ..... Nationality .....

NI Number .....

Do you need a work permit/visa to work in the UK? YES / NO

Address

.....

Postcode .....

Telephone

Home ..... Mobile .....

**Which month and year did you move to this address?** .....

Next of kin ..... Relationship.....

Address .....

..... Postcode .....

Telephone ..... Mobile .....

Do you hold a clean driving licence? Yes/No

Do you have the use of a car? Yes/No

### Domiciliary Care

112 Peverell Park Road  
Peverell  
Plymouth  
Devon, PL3 4ND  
Tel: 01752 666688  
Fax: 01752 666644

1 Emperor Way  
Exeter Business Park  
Exeter  
EX1 3QS  
Tel: 01392 314599  
Fax: 01392 314038

Unit 2  
Jacobs Pool House  
11 West Street  
EX20 1HQ  
Tel: 01837 54167  
Fax: 01837 52100

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CQC Registered  
Accredited by:  
Devon Social Services  
Plymouth Social Services  
Plymouth Supporting People

E-mail: [info@caretimeservices.co.uk](mailto:info@caretimeservices.co.uk) [www.caretimeservices.co.uk](http://www.caretimeservices.co.uk)

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Directors: Esther Putt - Managing Director BSc, DipHsw, Dip Counselling, Cert Management  
Registered Office: 31 Dashwood Avenue, High Wycombe, Bucks HP12 3DT.

Roger Putt - Director ACSM, MPhil, MA (Leadership Studies)  
Registered in England & Wales No. 4561083

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What qualities/ skills do you have that satisfies this jobs requirement.

.....  
.....  
.....

When are you available for work ? .....

## Education:

| College/School attended | From  | To    | Qualifications |
|-------------------------|-------|-------|----------------|
| .....                   | ..... | ..... | .....          |
| .....                   | ..... | ..... | .....          |
| .....                   | ..... | ..... | .....          |
| .....                   | ..... | ..... | .....          |
| .....                   | ..... | ..... | .....          |
| .....                   | ..... | ..... | .....          |

| Professional Qualifications | Date obtained |
|-----------------------------|---------------|
| .....                       | .....         |
| .....                       | .....         |
| .....                       | .....         |
| .....                       | .....         |
| .....                       | .....         |
| .....                       | .....         |
| .....                       | .....         |
| .....                       | .....         |
| .....                       | .....         |
| .....                       | .....         |

## Job Related Qualifications and Training

| Qualifications | Date obtained |
|----------------|---------------|
| .....          | .....         |
| .....          | .....         |
| .....          | .....         |
| .....          | .....         |

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## References:

Please supply the name, address and telephone numbers of two referees and state their relationship with you. Both should be professional relationships. One of them should be your most recent employer.

### Reference 1

Name/Address .....

Relationship..... Tel No.....

### Reference 2

Name/Address .....

Relationship..... Tel No.....

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Signed ..... Date .....

Modified September 2005  
Modified April 2007  
Modified August 2009  
Reviewed December 2010

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## Availability form

Name ..... Hours required .....

Please fill out the table below to indicate your available working times and days.

| Day       | am | pm |
|-----------|----|----|
| Monday    |    |    |
| Tuesday   |    |    |
| Wednesday |    |    |
| Thursday  |    |    |
| Friday    |    |    |
| Saturday  |    |    |
| Sunday    |    |    |

You are asked to work a weekend on weekend off rota.

When you are weekend on you will be given two days off in the week please state below your preferred days off.

|          |  |  |
|----------|--|--|
| Days off |  |  |
|----------|--|--|

Our aim is to work along side your availability as closely as is practicable. At times this may not be possible due to holidays and sickness and we would ask for your co operation.

One months notice is required for change of availability and a new form will need to be completed and returned to the office. This form is part of your contract of employment.

Carer signature .....

Date .....

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