

Please give the names and addresses of two referees to whom the agency may apply for references - one from a previous employer. The second reference should be a character reference from a responsible person who has known you for a minimum of two years



Full name:	Full name:
Address	Address
.....
.....
Post Code	Post Code
Telephone	Telephone

Qualifications and training

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Are you willing and able to carry out the following duties (please tick all that apply)

- Rehabilitation Care for women on their own Care for men on their own Care of couples Young People
- Full personal care Deal with limited or total incontinence Deal with a commode Use of hoists

Are you willing to care for clients suffering from the following (please tick all that apply)

- Strokes Terminal illness Alcoholism Alzheimers disease Parkinsons disease
- Nervous disorders Physical disability Confusion

Will you work in a household where there are smokers Y N Any allergies with animals

The hours you work will vary but can sometimes be long and arduous. You will invariably be working alone, taking full responsibility for the household and your client.

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 relation to this application.

Do you have any such convictions Y N

If yes please give details

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It is company policy that all applications undergo a Criminal Records Bureau check.

Please complete this form as fully as possible. When you have done so please return the form to Vanguard Care Limited.

I am available for work on

Signature Date