



**All-Round Care Services
99 Belgrave Road
Leigh on Sea
Essex
SS9 4SL**

01702 512437

Application to register

Before completing please read the following:

References required are one professional and one character (unrelated to you).
References from friends or relatives are not acceptable.

You need to be able to provide the following documents:

British Birth Certificate
Passport indicating Home Office eligibility to work
National Insurance Number
Any documentation/certificates relating to care work
2 Passport-sized photographs

Thank you for taking the time to apply to All Round Care Services. On receipt of your application ACS will endeavour to process it as quickly as possible. References will be applied for and you will be asked to attend your local branch for interview.



Please use CAPITAL LETTERS and complete all sections.

PERSONAL

SURNAME:	PREVIOUS NAMES (if any):
FORENAME(S) IN FULL:	
ADDRESS:	
POSTCODE:	HOME TEL NO (include STD code):
DATE OF BIRTH: / /	NATIONALITY:
NATIONAL INSURANCE NUMBER:	
NEXT OF KIN / EMERGENCY CONTACT:	
RELATIONSHIP TO YOU:	
WORK TEL NO:	HOME TEL NO:

EDUCATION AND TRAINING

NAME & ADDRESS OF SCHOOL / COLLEGE	SUBJECTS TAKEN / GRADES	FROM MTH / YR	TO MTH / YR



Please list the languages in which you are fluent (include your mother tongue)

LANGUAGES

LANGUAGE	PLEASE TICK IF FLUENT:		
	SPEECH	READING	WRITING

EMPLOYMENT

PRESENT OR MOST RECENT EMPLOYER	POSITION HELD	FROM MTH / YR	TO MTH / YR
PREVIOUS EMPLOYER(S) & ADDRESS(ES)	POSITION(S) HELD	FROM MTH / YR	TO MTH / YR



DECLARATION OF HEALTH

HAVE YOU EVER SUFFERED FROM:	YES	NO	ADDITIONAL INFORMATION
Tuberculosis, asthma, chest complaints			
Chest pain, heart condition, raised blood pressure			
Epilepsy, blackouts, dizziness			
Depression, mental illness, nervous breakdown			
Back problems			
Rheumatism, arthritis			
Typhoid, paratyphoid, dysentery			
Digestive or bowel disorder			
Bladder or kidney problems			
Diabetes, thyroid or other gland problems			
Skin disease, dermatitis			
Varicose veins			
Any accident, operation, illness			
Do you have any reason to believe that you may be infected by any communicable disease?			
Is there any current or recent condition that may affect your attendance or performance?			
Have you suffered any illness that required time off work in the last 12 months?			
Hearing or sight problems			
Do you smoke?			
How many units of alcohol do you drink in one week? (1 unit = 1 glass wine, 1 single whisky)			

Official use only:

Based on the information supplied by the applicant date/.../.... It is my opinion that there are no adverse health issues that would prevent from being accepted as a support worker.

INTERVIEWER SIGNATURE:	



VACCINATION / IMMUNISATION DETAILS

TETANUS		TUBERCULOSIS (BCG)	
RUBELLA (German Measles)		HEPATITIS 'B'	
POLIOMYELITIS		LAST CHEST X-RAY?	

TRANSPORT

DO YOU HOLD A CURRENT DRIVING LICENCE?
DO YOU HAVE YOUR OWN TRANSPORT?
DO YOU HAVE BUSINESS INSURANCE

PREFERRED AREAS OF WORK

AVAILABLE HOURS:					
NURSING / RESIDENTIAL HOMES		HOSPITALS		SPECIALITY	
MENTAL HEALTH (ACUTE)		LEARNING DISABILITIES		CHILD CARE	
MENTAL HEALTH (ELDERLY)		COMMUNITY / PRIVATE – ONE-TO-ONE		OTHER (specify)	

REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986 the provisions of section 4.2 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answers to the following questions should include any 'spent' convictions.

<p>Have you ever been convicted of a criminal offence? If the answer is YES please enclose details on a separate sheet.</p>	YES	NO
<p>DOH Circular (88/9) Protection of Children requires us to carry out checks with the Criminal Office Bureau for members whose assignments will give them substantial access to children and vulnerable adults. Do you agree that such checks may be made concerning you, if required?</p>	YES	NO



REFERENCES

Please provide details of two referees who have information relating to your skills and competency within the care industry, one of whom should be your current or most recent employer. Professional addresses only.

1.	2.
NAME:	NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
POSITION:	POSITION:
ORGANISATION:	ORGANISATION:
TEL NO:	TEL NO:
MAY WE CONTACT YOUR REFEREES PRIOR TO INTERVIEW?	YES NO

DECLARATION

I confirm that I am 18 years of age or over and that I am eligible to work in the UK. I declare that all the information I have given is true and understand that any false or misleading information will result in my removal from the ACS register.

I fully accept and understand that any services I provide to ACS clients are as a self-employed person. I accept that ACS duty is that of agent not employer, and in signing this declaration acknowledge that ACS nor its employees hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services; including personal accident, damage to client's property etc.

I agree that premiums for professional negligence indemnity insurance may be deducted from my fees. I have read and abide by the ACS conditions of membership.

SIGNED:	DATE:
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Official use only:

INTERVIEWER SIGNATURE:	