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**MEDWAY COUNCIL**

**SHARED LIVES**

Please send the completed form to Shared Lives, Level 4, Gun Wharf, Dock Road, Chatham, Kent ME4 4TR

PLEASE ENSURE THAT YOU COMPLETE THIS FORM WITH AS MUCH INFORMATION AS POSSIBLE IN CLEAR CAPITAL LETTERS.

### **New Carer Application Form -**

1. Applicant/s Details:

|  |  |  |
| --- | --- | --- |
|  |  Applicant 1 | Applicant 2 |
| First name |  |  |
| Surname |  |  |
| Known as |  |  |
| Former names (if applicable). |  |  |
| Date of Birth |  |  |
| Place of Birth |  |  |
| Gender |  |  |
| Nationality |  |  |
| Age |  |  |
| Current address |  |  |
| Is this your permanent place of Residence? | Yes/No  | If not please give details: |
| Home telephone number |  |  |
| Work telephone number |  |  |
| Mobile telephone number |  |  |
| E-mail address\* |  |  |
| Non confidential post will ALL be sent by email to the address above. |  |  |
| Length of time at current address |  |  |
| Previous addresses (if at current address for fewer than 5 years). Use continuation sheet if necessary |  |  |

1. Other members of your household including adults over 18 years, other adults living elsewhere. Children under 18 years from a previous partnership living elsewhere.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of Birth | Age | Relationship to you | Current occupation |
|  |  |  |  |  |
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|  |  |  |  |  |

1. Work experience (paid and unpaid):

Please provide full details of all work experience. Explain any gaps, for example “bringing up children” or “unemployed”. Use additional pages if necessary.

Applicant 1

|  |  |  |
| --- | --- | --- |
| Name and address of employer | Start date | Finish date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Applicant 2

|  |  |  |
| --- | --- | --- |
| Name and address of employer | Start date | Finish date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Qualifications -please provide details of any professional qualifications-including GCSE, NVQ, NNEB, Diploma etc - Use additional pages if necessary

Applicant 1

|  |  |
| --- | --- |
| Qualification | Date taken |
|  |  |
|  |  |
|  |  |

Applicant 2

|  |  |
| --- | --- |
| Qualification | Date taken |
|  |  |
|  |  |
|  |  |

1. Please provide details of any relevant training-ie first aid, adult safeguarding, learning difficulties etc – Use additional pages if necessary

Applicant 1

|  |  |
| --- | --- |
| Training course | Date taken |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Applicant 2

|  |  |
| --- | --- |
| Training course | Date taken |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

6. References:

|  |  |  |
| --- | --- | --- |
|  | Applicant 1 | Applicant 2 |
| **Medical reference**Please note the name, address and telephone number of your GP.  |  |  |
| **Employer’s reference**Please note the name, title, address and telephone number of your current or most recent employer. Please give date started, notice required and current working hours.If you are self employed, please provide a third personal reference |  |  |
| **Personal references**Please give details of two people **per applicant**, whom you have known for more than 2 years.State title, name, address and telephone number. Also how long they have known you and in what capacity.**Please note**Relatives or partners cannot act as personal referees. |  |  |

7. Religion

|  |  |  |
| --- | --- | --- |
| Religious persuasion or faith group  |  |  |
| Practicing or non-practicing  |  |  |

8. History

|  |  |  |
| --- | --- | --- |
| Have you ever applied to become an SL carer in the past? |  |  |
| Have you ever been registered with Commission for Social Care Inspection / National Care Standards Commission? |  |  |

9. About you:

|  |  |  |
| --- | --- | --- |
| What are your hobbies and interests?Why do you want to become a carer?Are you registered as Disabled?Do you hold a current driving licence?Do you have use of a car?Do you have any pets in the household? Give details. |  |  |

10. What type of support would you like to provide?

|  |  |
| --- | --- |
| What service user group would you like to support e.g. older people or people with a learning disability? |  |
| What sort of support would you like to provide e.g. long term, short term, respite, kinship or day support? |  |

11. Consent and agreements:

|  |
| --- |
| **Applicant 1** |
| I declare I have no criminal convictions (even those that are deemed to be spent) OR (delete as applicable)I have criminal convictions that I am willing to discussEnhanced Disclosure Barring Service (DBS): Part of this application requires Medway Council to perform an enhanced DBS check on all potential carers. In order to do this we will provide the company Employment Check with your name and email address. They will then send you email application sign on details and a password to enable you to complete an application. If you do not own a computer, details can be completed on other computers, such as those in public libraries. The higher level disclosures will show details of all criminal convictions, spent and unspent, together with cautions, reprimands, warnings and bind-overs.  Enhanced disclosures may in addition contain other information held by local police forces and judged relevant to the application in question (eg, details of impending prosecutions). |
| I declare I know of no conflicts of interest relevant to my application as a SL carerOR (delete as applicable)I am aware of conflicts of interest that I am willing to discuss |
| I consent for detailed checks and references to be taken up to support my application to become a Shared Lives carer. I understand that these checks could involve information about myself of a confidential and personal nature. |
| I consent for information about me to be kept by the SL scheme both in paper and on a computer database |
| I consent to information being passed by the scheme to the regulatory body as required |
| I am eligible to work in the UK and my NI number is: |
| For joint applicants - I am aware that information contained on this document relates to both applicants, and I agree for copies of this document to be held on the applicant records for both parties. |

|  |  |
| --- | --- |
| Signature of Applicant 1\* | Date |
|  |  |

|  |
| --- |
| **Applicant 2** |
| I declare I have no criminal convictions (even those that are deemed to be spent) OR (delete as applicable)I have criminal convictions that I am willing to discussEnhanced Disclosure Barring Service (DBS): Part of this application requires Medway Council to perform an enhanced DBS check on all potential carers. In order to do this we will provide the company Employment Check with your name and email address. They will then send you email application sign on details and a password to enable you to complete an application. If you do not own a computer, details can be completed on other computers, such as those in public libraries. The higher level disclosures will show details of all criminal convictions, spent and unspent, together with cautions, reprimands, warnings and bind-overs.  Enhanced disclosures may in addition contain other information held by local police forces and judged relevant to the application in question (eg, details of impending prosecutions). |
| I declare I know of no conflicts of interest relevant to my application as a SL carerOR (delete as applicable)I am aware of conflicts of interest that I am willing to discuss |
| I consent for detailed checks and references to be taken up to support my application to become a Shared Lives carer. I understand that these checks could involve information about myself of a confidential and personal nature. |
| I consent for information about me to be kept by the SL scheme both in paper and on a computer database |
| I consent to information being passed by the scheme to the regulatory body as required |
| I am eligible to work in the UK and my NI number is: |
| For joint applicants - I am aware that information contained on this document relates to both applicants, and I agree for copies of this document to be held on the applicant records for both parties. |

|  |  |
| --- | --- |
| Signature of Applicant 2\* | Date |
|  |  |