



Position Applied for: HOME CARE WORKER

The information that I give in this registration form is, to the best of my knowledge factual in all aspects. I understand that knowingly giving false information will disqualify me from registration with Lydian Care.

PERSONAL DETAILS:

Surname: _____ Title: _____

Previous Surname (if any): _____ Maiden Name: _____

Forenames in full: _____

Address: _____

_____ Postcode: _____

Telephone Number: Home: _____ Mobile: _____

Email: _____

Nationality: _____

Date of Birth: _____ National Insurance Number: _____

Place of Birth: _____

Next of Kin to be notified in case of emergency:

Name: _____ Relationship to you: _____

Address: _____

_____ Telephone Number: Home: _____ Work _____ Mobile: _____

Additional Details:

Do you have computer skills? Yes/No If yes, please provide details:

Please state which language you speak, including an indication of fluency:

Do you hold a current driving licence? Yes/No

What transport do you have access to? Car/Public Transport/Bicycle/Other

How did you first hear about Lydian Care?

Walking Past? _____ Online? _____

Recommendation? _____ by whom? _____

Newspaper Advert? _____ Poster? _____ Other? _____ Please State _____

ALL CARERS Please Complete

Tell us about your practical experience, qualifications/Courses

Please give details and dates of training courses you have attended (e.g. Manual Handling)

Course	Date	Location	Certified Y/N

Please note you training records will be made available to clients if requested.

To assist us in finding, suitable work for you, please tick all the care tasks you have experience:

Personal Hygiene

Immersion Bath/ Shower _____

Bed bath _____

Use of bath aids _____

General personal care _____

Oral Hygiene _____

Toileting/ Continence Care

Use of continence pads _____

Bedpans/commodes etc _____

Changing a catheter bag _____

Attaching a night bag _____

Applying a sheath _____

Emptying a catheter bag _____

Stoma Care _____

Care Duties

Pressure area care _____
 Simple dressing _____
 Terminal care _____

Mobility

Moving & handling course _____
 Use of hoists (man./elec) _____
 Use of walking aids _____
 Moving and handling clients _____

Administrative Abilities _____

Dealing with confidentiality

Report writing _____
 Recording instructions _____
 From Senior Nurse _____

Nutrition

preparing meals _____
 assisting with meals _____
 Food Handling _____

Practical Tasks

Bed making/changing a bed _____
 Recording of blood pressure _____
 Recording of temperature _____
 Recording of respiration _____

Observing/recording changes in Clients
 Condition _____

ALL APPLICANTS**What kind of work are you interested in?**

Please indicate which types of work you would prefer by ticking all the relevant boxes – this will help us to find your appropriate work placements:

Type of work: Days ___ Nights ___ Visits ___

Do you currently work for other nursing/care agencies? Yes/No

Which ones?

Which areas of work do you wish to exclude? _____

Why do you want to work with Lydian Care? _____

MEMBERSHIP DETAILS OF PROFESSIONAL BODIES, OR ORGANISATIONS? (ie NISCC)

Membership Body _____

Membership Body _____

Type of Membership _____

Type of membership _____

Certificate seen Yes / No

Certification seen Yes / No

Expiry Date _____

Expiry Date _____

Education:

School & College	From	To

EMPLOYMENT HISTORY

Please complete details of all your employment history in chronological order, starting with your present and most recent position. (Any gaps in employment must also be listed, and reasons why noted)

Name and address of previous employer:

Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

Name and address of previous employer:

Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

Name and address of previous employer:

Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

Name and address of previous employer:

Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

Name and address of previous employer:

Position held _____ Type of Organisation _____

Reasons for leaving _____

Date from _____ Date to _____

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY – THERE MUST BE NO GAPS IN YOUR
EMPLOYMENT HISTORY FROM SCHOOL – COLLEGE TO PRESENT DAY.**

REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation Act 1975 (Exemptions) Order 1975, the provisions of Sections 4.2 of the Rehabilitation of Offenders Act 1974 does 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.

It is therefore not contrary to the act for referees to state any criminal convictions which would otherwise be considered as spent.

Do you have any convictions or cautions? Please write your answer _____

Are you currently the subject of any criminal proceedings (for example charged or summonsed but not yet dealt with) or any police investigation? Please write your answer

If you answer to either of the above questions is YES, please give details below:

Date	Nature of conviction, caution, charge allegation or investigation	Court	Result

Access NI operates under the provisions of Part V of the Police Act 1997. All nurses and care staff will be asked to apply for an Access NI Enhanced Disclosure as part of the recruitment and selection process. Failure to do so will result in disciplinary action. Any additional information relevant after commencement of employment must correspond to Lydian Care:

I agree to the above:

Signed _____ Date _____

CONFIDENTIALITY DECLARATION

Registration implies acceptance of our code of confidentiality.

You should safeguard the privacy of clients and not disclose ANY information about them to anyone other than those involved in their care, without agreement of the client or someone authorised to act on their behalf.

If you are worried by any information you have obtained and consider that you should disclose it to someone else please contact **Lydian Care**.

Failure to observe confidentiality will be regarded as Gross Misconduct, which could result in your membership being terminated.

I have read and I understand the above and I agree to abide by the contents therein:

Signed: _____ Date: _____

DECLARATION

The information that I have given in this registration form is, to the best of my knowledge, complete and accurate in all aspects. I understand that giving false information will knowingly disqualify me from membership with **Lydian Care**. I also understand that the RQIA have the right to access my personal record.

Name: _____ Signed: _____

Position applied for: _____ Area: _____

WORKING TIME DISCLAIMER

You have the choice to opt out of the 48-hour working week limitation, as laid down in the Working Time Regulations 1998.

Yes, I wish to work 48 hours or more: ____

No, I wish to work up to 48 hours: ____

I understand that I may end this agreement by giving one week's notice in writing to Lydian Care, at any time.

Signed: _____ Date: _____

REFERENCES

Please give the names of three people; **one must be your current or most recent employer**, whom we can approach. For a reference (not relatives or friends)

1. Can we contact your referee before your interview? Yes/No

Name: _____ Position/Job Title: _____

Address: _____

Tel No: _____ Fax Number: _____ Email: _____

2. Can we contact your referee before your interview? Yes/No

Name: _____ Position/Job Title: _____

Address: _____

Tel No: _____ Fax Number: _____ Email: _____

3. Can we contact your referee before your interview? Yes/No

Name: _____ Position/Job Title: _____

Address: _____

Tel No: _____ Fax Number: _____ Email: _____