

Application Form for Registration as Self Employed Shared Lives Carer

Please return completed Application Form to:-

Dave-Jo Chaplin - Shared Lives Co-ordinator
The Richmond Fellowship Scotland, Tayside Area Office, Suite 2, South Inch
Business Centre, Shore Road, Perth, PH2 8BW

Or e-mail to **dchaplin@trfs.org.uk**

1. Applicant details – please complete a form for each person who wants to become a Shared Live Carer.

Last name and First Initial:

Current address and postcode:

Home phone:

Mobile phone number:

Email address:

2. Other members of your household

Name:

Date of birth:

Relationship to you:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Current occupation:

Name:

Date of birth:

Relationship to you:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Current occupation:

Name:

Date of birth:

Relationship to you:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Current occupation:

Name:

Date of birth:

Relationship to you:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Current occupation:

3. Work Experience

Current/Most Recent Employer	Employed From.....To.....
Name.....	Notice Required.....
Address.....	Reason for Leaving.....
.....
Position held.....	Final Salary.....
Brief description of responsibilities.....
.....
.....

Previous Employers(s)

Please detail the last 10 years of your employment history: including gaps in employment detailing reason for this and continue on a separate sheet of paper if necessary

Name.....	Employed From.....To.....
Address.....	Reason for leaving.....
.....
Position held.....	Final Salary.....
Brief description of responsibilities.....
.....
.....

Name.....	Employed Fro.....To.....
Address.....	Reason for leaving.....
.....
Position held.....	Final Salary.....
Brief description of responsibilities.....
.....
.....

Name.....	Employed From.....To.....
Address.....	Reason for leaving.....
.....
Position held.....	Final Salary.....
Brief description of responsibilities.....	
.....	
.....	

Work and Volunteer Experience

If you have not been in employment please tell us about any work or volunteer experience you have had

Description of your work experience:

Start date:	Finish date:

4. What support would you like to provide

Type of support you would like to offer: (tick more than one if you wish)

Day Options (daytime and evening activities both in your home and the community)

Yes No

Kinship Support (daytime, evening and some overnight stays)

Yes No

Short Breaks (an overnight, weekend, week or longer, (as you would choose)

Yes No

If you plan to Kinship Support or a Short Break you will need to have a spare room

If you have a spare room, can the room(s) comfortably accommodate a single bed, wardrobe, chest of drawers and a comfortable chair?

Yes No

5. History – please give details

Have you ever applied to become a Shared Lives Carer or Adult Placement Carer in the past?

Yes No

Have you ever been registered with any professional body such as Teaching, Nursing, Medical, Social Work?

Yes No

Have you been a child minder or foster carer?

Yes No

6. Tell us more about you

What are your hobbies and interests?



Why do you want to become a Shared Lives Carer?



7. Consent and agreements

DATA PROTECTION ACT

Information on this form may be held securely on computer and/or hard copy where it is subject to the provision of the Data Protection Act.

REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS ORDER 1975)

Because of the nature of the work you wish to register for as a Self Employed Shared Lives Carer you are not entitled to withhold information about convictions which for other purposes are "spent". Failure to disclose such convictions will result in your application not being pursued. Any information given will be completely confidential and will be considered only in relation to this application.

FALSE INFORMATION

If any information given here or during the assessment process is found to be false, please be aware that your status of Approved Shared Lives Carer could be revoked.

I declare I have no criminal convictions

OR (please tick applicable)

I have criminal convictions
Details of any convictions

I declare I know of no conflicts of interest relevant to my application for Registration as a Self Employed Shared Lives Carer

OR (please tick applicable)

I am aware of conflicts of interest that I am willing to discuss

I consent for detailed checks and reference to be taken up to support my application to become a Shared Lives Carer. I understand that these checks could involve information about me of a confidential and personal nature.

I consent to sharing of any necessary information with the care Commission

I consent to information being passed to the regulatory body as required

I am eligible to work in the UK and my NI number is

Signature of applicant:

Date:

--	--

References

Please give us details of at least two referees who may contact if you are shortlisted for interview. If you are providing a work reference, please ensure that you provide the work address.

Work/Character Referee. Please specify

Name _____

Company Name _____

Post Held _____

Relationship to Applicant _____

Address _____

Email Address _____ Contact Number _____

Work/Character Referee. Please specify

Name _____

Company Name _____

Post Held _____

Relationship to Applicant _____

Address _____

Email Address _____ Contact Number _____

Work/Character Referee. Please specify

Name _____

Company Name _____

Post Held _____

Relationship to Applicant _____

Address _____

Email Address _____ Contact Number _____

Equal Opportunities Monitoring

The Perth and Kinross Shared Lives Service is committed to the development of positive practice to promote equality of opportunity in our Service. Our aim is to ensure that no applicant for registration with our Shared Lives Service receives less favourable treatment on grounds of sex, marital status, race, colour, creed, ethnic origin, sexual orientation, religious beliefs, age or disability.

The information gathered will be retained for statistical purposes only and will not form part of the selection process

Full Name.....

Any Former Names.....

Date of Birth.....

Advertising Details

Post applied for

Reference No

Advertised in.....

Ethnic Origin

Asian

Bangladeshi Indian Pakistani Chinese Other origin

Black

African Caribbean Other origin

White

UK Irish Other European Other origin

Gender

Male Female