

KENT ADULT PLACEMENT SCHEME

Private and Confidential

Carer Application Form

1. Applicant details

Title	
First name	
Surname	
Known as	
Former names (if applicable)	
Date of Birth	
Current Address	
Home telephone	
Work telephone	
Mobile number	
Best time/number to contact?	
E-mail address	

2. Other members of your household

Name	Date of Birth	Age	Relationship to you

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3. Work Experience (paid and unpaid) Please submit a CV if you wish

Job Title	Address of employer	Description of work experience	Start date & finish dates, No of sick days and reason for leaving

Continue on a separate sheet if necessary

4. Qualifications/Training

Qualifications/Training	Date gained

Continue on a separate sheet if necessary

5. What support would you like to provide

<p>What service user group would you like to support? E.g. older people, people with a learning disability</p>	
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<p>What sort of support would you like to provide? e.g. long term, short term, day support</p>	
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6. References

<p>Medical reference</p> <p>Please note the name, address and telephone number of your GP</p>	
<p>Employer's reference</p>	
<p>Personal references</p> <p>Please give details of two people who you have known for more than 2 years</p> <p>State name and address and telephone number. Also how long they have known you and in what capacity</p> <p>Please note Relatives or partners cannot act as personal referees The same referee cannot be used for both applicants. Note:- Other household members (over 18 years of age) please provide referee details on separate sheet. (1 x personal reference + 1 x GP reference)</p>	

7. History

<p>Have you ever applied to become an Adult Placement Carer or a Foster Carer in the past?</p>	
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8. Tell us more about you

<p>What are your hobbies and interests?</p>	
<p>What is your understanding of Adult Placement?</p>	
<p>How would you assist an individual to develop and become more independent</p>	

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8. Tell us more about you continued...

What Skills/Qualities do you have to offer and why are you applying to become an Adult Placement Carer?

If you have anything else to tell us that you think is important or relevant, please continue on a separate sheet.

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9. Consent and agreements

The post you are applying for is exempt from the Rehabilitation of Offenders Act 1974. You are therefore expected to declare any convictions you may previously have had, even if they are spent. Failure to do so may mean that your application is unsuccessful.

Main Carer

I declare that 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 discuss

I declare that I know of no conflict of interest Relevant to my applications as an AP carer **or** (delete as applicable) I am aware of conflict 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 an Adult Placement Carer. I understand that these checks could involve information about myself of a confidential medical and personal nature.

I consent for information about me to be kept by the AP 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:

I agree to attend all the training courses required of me

I agree to be available at all times to carry out my duties as an Adult Placement Carer

Signature of applicant	Date
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Please note: this page is only to be attached where there are adult (over 18) household members living with the applicants

Name: _____ **(Household member over 18)**

I declare that 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 discuss

I declare that I know of no conflict of interest relevant to this application **or** (delete as applicable) I am aware of conflict of conflicts of interest that I am willing to discuss

I consent for detailed checks and references to be taken up to support this application. I understand that these checks could involve information about myself of a confidential medical and personal nature.

I consent for information about me to be kept by the AP scheme both in paper and on a computer database

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

Signature of applicant	Date
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Name: _____ **(Household member over 18)**

I declare that 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 discuss

I declare that I know of no conflict of interest relevant to this application. **or** (delete as applicable) I am aware of conflict of conflicts of interest that I am willing to discuss

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

Signature of applicant	Date
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Equal Opportunities Monitoring Form

The AP scheme is committed to a policy of equality of opportunity in the assessment and approval of carers. Prospective carers will be judged on their merits regardless of race, colour, gender, sexual orientation, disability, age or any other factor, which could be used to discriminate against them.

In order to monitor our assessment and approval methods we would ask you to complete this form and return it with your application (in a separate envelope if you wish). This information will be separated on receipt and held in confidence and the approval panel will not see it. There is no obligation to complete this form and not doing so will have no effect upon your application.

Name

Age	Gender
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Please tick where appropriate

I would describe my marital status as:			
Single	<input type="radio"/>	Widowed	<input type="radio"/>
		Divorced	<input type="radio"/>
		Separated	<input type="radio"/>
Married	<input type="radio"/>	Attached	<input type="radio"/>

I would identify myself most with this ethnic group	
Please tick one from this column	Please also tick one from this column
British <input type="radio"/>	Asian <input type="radio"/>
English <input type="radio"/>	Black <input type="radio"/>
Irish <input type="radio"/>	Chinese <input type="radio"/>
Scottish <input type="radio"/>	White <input type="radio"/>
Welsh <input type="radio"/>	
Other (please specify if you wish) <input type="radio"/>	Mixed ethnic background (please specify if you wish)
	Other (please specify if you wish)