

Home Help Application Form

Full Name:	
Home Address:	
Post code:	Home Tel:
Mobile No:	E-mail address:
Next of kin/emergency contact name:	
Next of kin/emergency contact telephone number:	
Do you drive?	YES/NO
Do you have a car you can use in connection with this work?	YES/NO
Is it insured for business use?	YES/NO
Are you registered disabled?	YES/NO
Do you smoke? YES/NO	Would you work for a client who smokes? YES/NO
Do you mind working in a home with pets	YES/NO
<u>Please give brief details of previous work or other relevant experience over the last five years:</u> (continue on a separate sheet if necessary)	

How many hours per week are you available to work?

Please note specific times of year unavailable:

Please list the geographical areas you are able to cover:

Rehabilitation of Offenders Act 1974

As you will be working with vulnerable adults a DBS check is required. You cannot start work or be registered with Age Concern Petersfield & District until we receive a satisfactory DBS check.

Have you ever been convicted of a criminal offence, been reprimanded, warned or cautioned or had a County Court Judgement awarded against you?

(This information will be treated in strict confidence) **YES/NO**

Referees: Names & addresses of 2 referees, not relatives, who have known you for at least 2 yrs. One must be your **current employer. If no current employer then your **past employer**. If you have not been employed before then a **person of standing in the community**.**

Name:
Title:
Company:

Name:
Title:
Company:

Address:

Address:

Tel No.

Tel No.

E-mail:

E-mail:

Can these people be contacted before an Interview?

YES/NO

DATA PROTECTION

To comply with the General Data Protection Regulations 2018 we seek your consent to process your personal data. Data from this form is used solely by Age Concern Petersfield & District. This information is strictly confidential, stored securely, and we do not pass on any of your personal data to outside organisations and/or individuals without your express consent.

This information on this form is used for recruitment purposes. Basic contact information is then taken from this form and stored on our central database for the purpose of administering the Age Concern Petersfield Help at Home Service. Please indicate your consent to us holding the information you supply to us for these purposes by signing this form below.

Signed: Date:

DECLARATION

I certify that all of the information given on this form is correct. I agree to treat any information given to me in regard to my work for Age Concern Petersfield and District as confidential.

Signed: Date:

Please return the completed form to:

Sheridan Rocher
Age Concern Petersfield & District
Winton House Centre
18 High Street, Petersfield
Hampshire, GU32 3JL