



**Skyline Home Care Services**  
**Going Above And Beyond**

Link House  
140 The Broadway  
Tolworth  
Surrey, KT6 7HT

Email: [hadijah@skylinehomecare.co.uk](mailto:hadijah@skylinehomecare.co.uk)

### Carer Application Form

- FULL EDUCATION HISTORY FROM WHEN YOU STARTED SCHOOL INDICATING DATES STARTED AND FINISHED
- FULL EMPLOYMENT HISTORY FROM WHEN YOU FINISHED SCHOOL EXPLAINING GAPS INDICATING DATES STARTED AND FINISHED

Position Applied for:

How you heard about this vacancy:

### Personal details

Last Name:

First Name:

Address:

### Previous addresses, including period at address

Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.

Postcode:

Home

Telephone No.

Mobile

Number:

E-mail address:

National Insurance No.

### Driving Record

Do you have a current clean "FULL" driving licence?  Yes  No

Do you have a car available:  Yes  No

Driving licence valid from:..... To:.....

Number of Penalty Points (if any) endorsed on current licence:.....

Have you ever been disqualified from driving, or had insurance refused?  Yes  No

If "Yes", please provide brief details:.....

You are required to have business use on your motor insurance policy. This can be clarified at interview if you are

successful. Documentation will need to be provided as proof.

Skyline Home Care Services



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**Preferred hours**

Full time

Part time

Please tick when you are **Available**:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Night							

**Education/Qualifications**

Name of schools, colleges or university	Qualifications and Grades	Dates attended.



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**Employment History Covering last 10 years**

<b>Job Title</b>	<b>Employer Name and Address</b>	<b>Dates Worked</b>	<b>Reason for leaving</b>



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**References**

Please provide us with the names of two people who can provide us with a reference as to your suitability for this post.

The first one should be your present (or most recent) employer.

You should tell us if this is not the case.

Neither of the references will be contacted prior to an offer of employment being made.

<b>Name:</b> .....	<b>Name:</b> .....
<b>Position:</b> .....	<b>Position:</b> .....
<b>Organisation:</b> .....	<b>Organisation:</b> .....
<b>Address:</b> .....	<b>Address:</b> .....
.....	.....
.....	.....
<b>Postcode:</b> .....	<b>Postcode:</b> .....
<b>Tel. no. work:</b> .....	<b>Tel. no. work:</b> .....
<b>Email:</b> .....	<b>Email:</b> .....
<b>Is this your current employer?</b>	<b>Is this your current employer?</b>
<b>YES / NO</b> .....	<b>YES / NO</b> .....
<b>Are they related to you?</b>	<b>Are they related to you?</b>
<b>YES / NO</b> .....	<b>YES / NO</b> .....



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### Criminal Record Declaration Form

Due to the nature of the position applied for working with vulnerable adults on a daily basis, we need to collect information regarding the **Rehabilitation of offender's act 1974**.

All applicants will be examined on an individual basis, taking the following into consideration:

- If the conviction is relevant to the job applied for.
- The seriousness of any convictions found.
- The amount of time since the offence occurred.
- Whether the applicant is a repeat offender.
- The circumstances surrounding the offence(s), and the explanation(s) offered by the person concerned.

Do you have any unspent convictions?

Yes

No

If you have selected Yes, please provide details of your convictions here:

#### DECLARATION

I declare that the information provided on this form is correct. I understand that the declaration of a criminal record will not necessarily prevent me from being offered this position at **Skyline Home Care Services**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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**Health Declaration**

Do you have any health conditions that may hinder you from performing your job? ie back pain or anything else. Please tick and state

**Yes.**                      **NO**

Have you had Covid Vaccinations? Please tick and state

**Yes.**                      **NO**

**Assistance with Interview and Assessment**

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes / No

If Yes, please provide details of what assistance required

**OFFICE USE ONLY**

**Action Plan:**

**Proceed with Interview:**    **Yes.**                      **No**

**Comments:**



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**Additional Information**

**Please use this space to add further information or any information you feel is relevant to your Application**

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