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| **SECTION 1 - PERSONAL DETAILS** |
| First Name: |  |
| Last Name: |  |
| Address: |  |
| Contact Telephone Number: |  |
| Email Address: |  |
| Are you Male, Female or prefer not to say? |  |
| Do you hold a current driving license valid in the UK? |  |
| What Level is your licence e.g. full, provisional? |  |
| Do you have any current endorsements? If yes, please give details: |  |
| Do you have access to a vehicle for work use? If yes, does your insurance policy cover your vehicle for work use? |  |
| **SECTION 2 – TRAINING AND QUALIFICATIONS** |
| What training and qualifications do you have: - |
| * Understanding/Introduction to Safeguarding
 | 🞏 |
| * Emergency First Aid at Work
 | 🞏 |
| * Food Safety and Hygiene
 | 🞏 |
| * Understanding/Introduction to Dementia
 | 🞏 |
| * Understanding/Introduction to Autism
 | 🞏 |
| * Managing Behaviour
 | 🞏 |
| * Manual Handling Awareness
 | 🞏 |
| * Personal care
 | 🞏 |
| * Other
 | 🞏  |
| * If Other please specify:
 |

|  |  |
| --- | --- |
| Are you currently studying for a qualification? If yes, please give details: |  |
| **SECTION 3 – EXPERIENCE** |
| What skills and qualities do you think you would need to become a personal assistant? |
|  |

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| What skills and experience do you have that you believe are relevant to this post? |
|  |
| Briefly state why you would like to work as a Personal Assistant? |
|  |
| **SECTION 4 – AREAS OF SUPPORT** |
| Which of the following service areas have you previously worked with and would like to work with? |
| * Adults - Older People
 | Previously worked with 🞏 | Would like to work with 🞏 |
| * Adults with Disabilities
 | Previously worked with 🞏 | Would like to work with 🞏 |
| * Adults with Mental Health
 | Previously worked with 🞏 | Would like to work with 🞏 |
| * Children with Disabilities
 | Previously worked with 🞏 | Would like to work with 🞏 |
| **SECTION 5 – TYPE OF SUPPORT** |
| Which type of care and support are you able to provide from the following list? |
| * Assisting with food/meal preparation
 | 🞏 |
| * Domestic Care
 | 🞏 |
| * Personal Care
 | 🞏 |
| * Assisting with Shopping
 | 🞏 |
| * Support to access the Community
 | 🞏 |
| **SECTION 6 – AVAILABILTY TO WORK** |
| If your application is successful when would you be able to start work? |  |
| When are you able to work? Please give estimate of times |
| Monday | 7.00-9.30 🞏 | 9.30-12.00🞏 | 12.00-14.30 🞏 | 14.30-18.00 🞏 | 18.00-22.00🞏 | 22.00-7.00 🞏 |
| Tuesday | 7.00-9.30 🞏 | 9.30-12.00🞏 | 12.00-14.30 🞏 | 14.30-18.00 🞏 | 18.00-22.00🞏 | 22.00-7.00 🞏 |
| Wednesday | 7.00-9.30 🞏 | 9.30-12.00🞏 | 12.00-14.30 🞏 | 14.30-18.00 🞏 | 18.00-22.00🞏 | 22.00-7.00 🞏 |
| Thursday | 7.00-9.30 🞏 | 9.30-12.00🞏 | 12.00-14.30 🞏 | 14.30-18.00 🞏 | 18.00-22.00🞏 | 22.00-7.00 🞏 |
| Friday | 7.00-9.30 🞏 | 9.30-12.00🞏 | 12.00-14.30 🞏 | 14.30-18.00 🞏 | 18.00-22.00🞏 | 22.00-7.00 🞏 |
| Saturday | 7.00-9.30 🞏 | 9.30-12.00🞏 | 12.00-14.30 🞏 | 14.30-18.00 🞏 | 18.00-22.00🞏 | 22.00-7.00 🞏 |
| Sunday | 7.00-9.30 🞏 | 9.30-12.00🞏 | 12.00-14.30 🞏 | 14.30-18.00 🞏 | 18.00-22.00🞏 | 22.00-7.00 🞏 |
| Additional information: |
| Which of the following areas are you able to work in? |
| Abertillery 🞏 | Brynmawr 🞏 | Ebbw Vale 🞏 | Tredegar 🞏 |
| **SECTION 7 – CURRENT/PREVIOUS EMPLOYMENT** |
| Do you have the right to live and work in the UK? |  |
| What is your National Insurance Number? |  |
| Are you currently employed? If yes, please state Position Held? |  |
| Full Name and Address of Employer: |
|  |
| Brief List of duties |
|  |
| Start Date: (month/year) |  |
| Employment History |
|  |
| Reference 1 - Contact Details: | Reference 2 – Contact Details: |
|  |  |
| Relationship: |  | Relationship: |  |

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| **SECTION 8 – SUPPLEMENTARY INFORMATION** |
| Any other relevant information: - |
|  |

After you have completed all parts of this Registration from please read the declaration below carefully before signing and dating*.*

**DECLARATION**

I declare, agree and understand: -

|  |
| --- |
| * That the information supplied in this application form is correct and complete
 |
| * That if I have given information that is incorrect or incomplete this may result in removal from the recruitment process, an offer of employment being withdrawn or my employment being terminated
 |
| * That if I am successfully appointed I will be employed by the Direct Payment Recipient and not Blaenau Gwent County Borough Council
 |
| * That my registration form will be forwarded to potential direct payment employer(s) and/or their representatives as part of the direct payments process
 |
| * That the DP Team will securely hold my information on file for as long as I am working or available to work for direct payment recipients and it is my responsibility to contact the DP Team if I want my details deleted from the system
 |
| * That as part of the recruitment process I need to submit documents in order to complete an identification verification check
 |
| Signature of Applicant: |  |
| Date: |  |