



CARER REGISTRATION FORM

Please answer all questions and return to
Vanguard Care Ltd. Canterbury Business Park, 18 Ashchurch Road, Tewkesbury, Glos. GL20 8BT
Also enclose 2 recent photographs. (passport sized)

Full Name: Miss/Mrs/Mr/Ms

Address

..... Post Code

Telephone No Mobile Email address

Date & place of birth

Nationality National Insurance No

--	--	--	--	--

British/International Driving Licence No Expiry date..... Car driver Y/N Car owner Y/N

NB: NON EU NATIONALS MUST SUPPLY EVIDENCE OF RIGHT TO WORK
 (Copies of Work Permits, Visas etc)

Height Weight Smoker/non smoker

Are you in good health..... Do you suffer from any allergies

Can you confirm that you are both physically and mentally fit to undertake the tasks required for this position. Yes/No

Have you had any serious illness
 in the last five years

Do you have any requirement for any
 form of medical treatment on a regular basis

Are you on any special diet or medication

Next of Kin Relationship

Address.....

Tel.No Home..... Mobile.....

Email.....

DETAILS OF PRESENT/PREVIOUS EMPLOYMENT

We require a continuous history of employment with any gaps in employment accounted for with the relevant dates.

Present or most recent employer's name, address and business	Dates	Position held
.....
.....
.....
.....

Please complete employment history continuation form.

Please give the names of at least two referees to whom the agency may apply for references – one must be from your present or most recent employer.
The second reference should also be a professional reference.

1. Name

Address

.....

.....

.....Post code.....

Tel:

Relationship to you:

2. Name

Address

.....

.....

.....Post code.....

Tel:

Relationship to you:

Please give details of why you have applied for this role and what skills/experience you possess that are relevant to your application.

QUALIFICATION & TRAINING

.....
.....
.....
.....

Are you willing and able to carry out the following duties (please tick all that apply):

Rehabilitation.....Care for women on their own.....Care for men on their own.....Care of couples.....Young people.....
Full personal care..... Deal with limited or total incontinence.....Deal with a commode.....Use of hoists.....

Are you willing to care for clients suffering from the following (please tick all that apply)

Strokes.....Terminal illnesses.....Alcoholism.....Alzheimer’s disease.....Parkinson’s disease.....Nervous disorders.....
Physical disability.....Confusion.....

Will you work in a household where there are smokers? Y/N Any allergies with animals.....

REHABILITATION OF OFFENDERS ACT 1974

The nature of the work for which you are applying is exempt from the provisions of the Rehabilitation of Offenders Act 1974
Therefore it is required that all previous convictions are declared, including those normally regarded as “spent”. Any information
given will be strictly confidential and considered only in relation to this application.

Do you have any such convictions? Y/N

If yes, please give details

It is company policy that all applicants undergo a Disclosure and Barring Service check.

Please complete this form as fully as possible. When you have done so please sign below and return the form to Vanguard Care.

I am available for work on:.....

Signature _____ **Date** _____

PLEASE ENSURE THAT YOU HAVE ATTACHED YOUR PHOTOGRAPHS