

Thank you for your interest in joining PeakBloom Healthcare.

Please complete this form in clear black ink or electronically.

1. PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other: _____ Date of Birth: _____

First Name(s): _____ Surname: _____

Address: _____ Postcode: _____

Email Address: _____ Telephone Number: _____

Mobile Number: _____ National Insurance Number: _____

Are you legally eligible to work in the UK? Yes No Do you have the right to work in the UK? Yes No

2. POSITION DETAILS

Position Applied For: Domiciliary Care Worker Date Available From: _____

Type of Employment: Full-time Part-time Bank / Casual Other: _____

How did you hear about this role? _____

2. ABOUT YOU

Please tell us why you want to work in care and why you want to join PeakBloom Healthcare.

Do you have any previous experience in care or healthcare? Yes No

If yes, please provide details: _____

Do you have any qualifications relevant to this role? (e.g. NVQ, Diploma in Health & Social Care) Yes No

If yes, please provide details: _____

4. AVAILABILITY & WORK PREFERENCES

What days are you available to work? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What times are you available? Mornings Afternoons Evenings Nights Flexible

Are you able to travel within your local area? Yes No Do you have access to your own transport? Yes No

3. SKILLS & COMPETENCIES

Please tick any areas you have experience or feel confident in:

Personal Care Medication Support Dementia Care End of Life Care Companionship

Mobility Support Meal Preparation Household Tasks Record Keeping Other: _____

Do you have an understanding of safeguarding adults? Yes No Do you have experience with moving and handling? Yes No

6. TRAINING & DISCLOSURE

Have you completed any of the following training?

Manual Handling Medication Safeguarding Adults Infection Control First Aid None of the above

Are you willing to undertake any training required for the role? Yes No Do you have a valid DBS Certificate? Yes No

(If yes, please provide DBS number) _____ Date of Issue: _____ Update Service Registered? Yes No

7. REFERENCES

Please provide details of two referees (one must be your most recent employer, if applicable)

<p>Referee 1</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Company: _____</p> <p>Email: _____</p> <p>Telephone: _____</p>	<p>Referee 2</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Company: _____</p> <p>Email: _____</p> <p>Telephone: _____</p>
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8. DECLARATION

I confirm that the information provided on this form is true and accurate to the best of my knowledge. I understand that any false information may result in my application being rejected or dismissal if appointed.

Signature: _____ Date: _____