

Shared Lives Carer Application Form



1) Applicant Details

	1 st Applicant	2 nd Applicant (if applicable)
First Name		
Surname		
Have you been known by any other names?		
Former Name(s) (if applicable)		
Date of Birth		
Ethnic Origin		
Current Address		
Home Telephone Number		
Work Telephone Number		
Mobile Telephone Number		
Email Address		
Previous Addresses-if at current address less than 5 years. (Use continuation sheet if necessary)		

2) Other members of your household

Name	Date of Birth	Male/Female	Relationship to you	Current Occupation

3) Work experience (paid and un paid)

Applicant 1

Description of your work experience	Start and finish dates

Applicant 2

Description of your work experience	Start and finish dates

4)What support would you like to provide?

What service user group would you like to support. eg mental health, people with a learning disability, older people	
What sort of support would you like to provide? e.g. Respite, support on-site, support off-site	

5) References

	1 st Applicant	2 nd Applicant
<p>Medical reference Please note the name, address and telephone number of your GP.</p>		
<p>Employer's reference Please note the name, address and telephone number of your current or most recent employer</p>		
<p>Personal references Please give details of two people whom you have known for more than 2 years.</p> <p>Name, address, email address and telephone number. Also how long they have known you and in what capacity.</p> <p>Please note Relatives or partners cannot act as personal referees</p>		

6) History

Have you ever applied to become a SL carer in the past?		
Have you ever been registered with CQC/Shared		

Lives Plus(previously known as NAAPS)		
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7) Tell us more about you

What are your hobbies and interests?		
Why do you want to become a carer? What do you have to offer?(use continuation sheet if necessary)		
Who would assist you in caring from the client(s) when you go on holiday etc? Please provide details		

8) Details about the property you will be using for Shared Lives

Address(if different from your home address)	
How many bedrooms are vacant for the use of Shared Lives? What floor is the bedroom on?	
How many bathroom/shower rooms?	
How many toilets?	
How many kitchens?	
Will the client have their own living room to use or share with the carer and/or their family?	
Are you a Housing Association Or Local Authority tenant?	
Please give a brief description of the garden?	
What is the accessibility to Place of Worship/Social Facilities/Cinema etc?	
What is the accessibility to transport?	
What housework will the client be expected to share?	

1st applicant

I declare I have no criminal convictions (even those that are deemed to be spent)

OR (delete as applicable)

I have criminal convictions that I am willing to discuss

I declare I know of no conflicts of interest relevant to my application as AP carer

OR (delete as applicable)

I am aware of conflicts of interest that I am willing to discuss

I consent for detailed checks and references to be taken up to support my application to become a Shared Lives Carer. I understand that these checks could involve information about myself of a confidential and personal nature.

I consent for information about me to be kept by the Shared Lives scheme both in paper and on a computer database

I consent to information being passed by the Scheme to the regulatory body as required

I am eligible to work in the UK and my NI number is:

Signature of applicant

Date

2nd applicant

I declare I have no criminal convictions (even those that are deemed to be spent)

OR (delete as applicable)

I have criminal convictions that I am willing to discuss

<p>I declare I know of no conflicts of interest relevant to my application as AP carer</p> <p>OR (delete as applicable)</p> <p>I am aware of conflicts of interest that I am willing to discuss</p>
<p>I consent for detailed checks and references to be taken up to support my application to become an Adult Placement Carer. I understand that these checks could involve information about myself of a confidential and personal nature.</p>
<p>I consent for information about me to be kept by the AP scheme both in paper and on a computer database</p>
<p>I consent to information being passed by the scheme to the regulatory body as required</p>
<p>I am eligible to work in the UK and my NI number is:</p>

Signature of applicant	Date

Please note: this page is only to be attached where there are adult (over 16) household members living with the applicants

<p>Name: over 16)</p> <p style="text-align: right;">(Household member</p>
<p>I declare I have no criminal convictions (even those that are deemed to be spent)</p> <p>OR (delete as applicable)</p> <p>I have criminal convictions that I am willing to discuss</p>
<p>I declare I know of no conflicts of interest relevant to the application as AP carer</p> <p>OR (delete as applicable)</p> <p>I am aware of conflicts of interest that I am willing to discuss</p>
<p>I consent for detailed checks and references to be taken up to support the application to become an Adult Placement Carer. I understand that these checks could involve information about myself of a confidential and personal nature.</p>

I consent for information about me to be kept by the AP scheme both in paper and on a computer database

I consent to information being passed by the scheme to the regulatory body as required

I am eligible to work in the UK and my NI number is:

Signature	Date

