



Shared Lives South West Carer Application Form

Please refer to the accompanying notes when completing this form. For applications in **Devon, Torbay and Plymouth** please send this completed form by post to: Shared Lives South West, Suite 3, Zealley House, Greenhill Way, Kingsteignton, Newton Abbot, TQ12 3SB.

For applications in **Cornwall** please send to: Shared Lives South West Trewellard Farm, Wheal Rose, Scorrier, Redruth, TR16 5DH.

For **Somerset** applications, send to: The Wagon House, Eaglewood Park, Dillington, Ilminster, Somerset, TA19 9DQ

Alternatively a completed form can be sent by email to: enquiries@sharedlivessw.org.uk

1.YOUR DETAILS

	Applicant 1	Applicant 2 (if applicable) Please read accompanying notes.
Prefix (Mr/Miss/Mrs/Ms/Other)		
First name (s)		
Surname		
Known as		
Former names (if applicable)		
Date of birth		
Age		
Current address Including Postcode		
National insurance number		
Ethnicity		
Home telephone		
Work telephone		
Mobile telephone		
Email address		
How long have you been at this address?		
Previous address (if you've lived at your current one for less than five years)		
Marital status		
Language (s) spoken at home		
Do you have a full, clean UK driving license and access to a vehicle?		



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Right to Work in the United Kingdom Please answer the following questions regarding your right to work in the UK		
	Applicant 1	Applicant 2
1. Do you currently have the legal right to work in the United Kingdom?	Yes No	Yes No
2. Do you require employer sponsorship (e.g., a work visa) to work in the United Kingdom?	Yes No	Yes No
If "Yes," please provide details of your current visa status		

2. HOW DID YOU HEAR ABOUT US?

If you were recommended by an existing Shared Lives Carer please mention them here.

3. PREVIOUS REGISTRATION AS CARE PROVIDERS

	Applicant 1	Applicant 2
Have you ever applied to be or been a foster carer? If so, please provide details of the agency to whom you applied and the outcome		
Have you ever been registered with CQC or its predecessors? If so please give details and dates		
Have you ever applied to be or been approved as an adult placement/ shared lives carer? If so please state to whom you applied and whether approved		
Have you ever been a Supporting People provider? If so please state with whom you are/have been registered		

If you have responded yes to any of the above questions please give details in the box below:



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4. OTHER MEMBERS OF THE HOUSEHOLD

Continue on a separate sheet if required...

Full name	Date of birth	Age	Relationship to you

If any of the above people are service users that you currently provide accommodation, care and support for, please give further details below

Name	Nature of care and support provided	Funded by	Since

Continue on a separate sheet if required...



5. TELL US ABOUT YOUR HOME (see notes)

How many bedrooms do you have available for Shared Lives? (1,2, or 3)

Please describe your home:

Please describe the community where you live:

Is there anything about your home that would need to be considered for people with limited or restricted mobility (e.g. internal stairs, external steps, bathroom arrangements)?
If so please give details

**6. WHAT PARTICULAR SERVICES ARE YOU INTERESTED IN PROVIDING?
(Please mark all that apply)**

What service user group would you like to support?	How would you like to provide that support?
<input type="checkbox"/> People with a learning disability <input type="checkbox"/> People with mental health problems <input type="checkbox"/> Older people <input type="checkbox"/> People with a physical disabilities <input type="checkbox"/> People with dementia <input type="checkbox"/> People with Autism <input type="checkbox"/> Home From Hospital <input type="checkbox"/> Parents with a learning disability <input type="checkbox"/> People with an acquired brain injury <input type="checkbox"/> People with a sensory impairment-hearing or visual	<input type="checkbox"/> Long term <input type="checkbox"/> Short Break <input type="checkbox"/> Both



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7. PERSONAL STATEMENT: Please state why you wish to become a Shared Lives carer(s) and what you feel you could offer a vulnerable adult

Please also use this opportunity to share anything you feel might be relevant to your application to become a carer such as criminal convictions and/or anything which might be pertinent to you working with vulnerable adults

Applicant 1 personal statement

Continue on a separate sheet if required...



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Applicant 2 personal statement

A large, empty rectangular box with a black border, intended for the applicant to write their personal statement.

Continue on a separate sheet if required...

8. CURRENT AND PREVIOUS EMPLOYMENT

Applicant 1		
CURRENT employment. If self-employed and involved in foster care please provide details of the agency concerned		Start/finish date
Job Title		
Company /organisation		
Address		
Telephone		
Main Duties		
Hours worked		
Proposed hours if a Shared Lives Carer		

Continue on a separate sheet if required...

PREVIOUS employment. Start with most recent. If self-employed and involved in foster care please provide details of the agencies concerned		Start/finish date
Job Title		
Company /organisation		
Main Duties		
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Job Title		
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Job Title		
Company /organisation		
Main Duties		

Explanation of Gaps in Employment		
If there are any gaps in your employment history, please provide details below (e.g. periods of study, caring responsibilities, travel, etc.)		
Start date	End date	Reason for gap



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Please list the qualifications relevant to the position you are applying for:

Qualification Title	Date	Qualification gained

Continue on a separate sheet if required...

Upload/Attach Copies

Please upload or attach copies of your certificates or transcripts for verification.

- Certificate of highest qualification
 - Additional relevant qualifications
- (Please have copies ready for your first initial visit)

9. CURRENT AND PREVIOUS EMPLOYMENT –

Applicant 2 (if applicable)		
CURRENT employment. If self-employed and involved in foster care please provide details of the agency concerned		Start/finish date
Job Title		
Company /organisation		
Address		
Telephone		
Main Duties		
Hours Worked		
Proposed hours as a Shared Lives Carer		

Continue on a separate sheet if required...

PREVIOUS employment. Start with most recent. If self-employed and involved in foster care please provide details of the agencies concerned		Start/finish date
Job Title		
Company /organisation		
Main Duties		



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- Certificate of highest qualification
 - Additional relevant qualifications
- (Please have copies ready for your first initial visit)

10. REFERENCES*

Applicant 1		
<p>MEDICAL REFERENCE Please give the name, address and telephone no of your GP so we can seek a medical reference</p>	Name of GP:	
	Address (inc postcode)	
	Telephone no:	
	Email address:	
<p>EMPLOYER REFERENCE* Please give the name, address and telephone no of your current or most recent employer. If self-employed and currently in foster-ing/care please provide details of the relevant agency</p>	Name:	
	Address (inc postcode):	
	Telephone no:	
	Email address:	
<p>PERSONAL REFERENCES (Applicant 1)</p>	<p>Please note that preferably your referees will have known you for a minimum of 5 years in order to give a good history of your skills and experience.</p>	
<p>Personal reference 1</p>		
<p>Email address:</p>	Name:	
	Address (inc postcode):	
	Telephone no:	
	How is this person known to you?	
	For how long?	
<p>Personal reference 2</p>		
<p>Email address:</p>	Name:	
	Address (inc postcode):	
	Telephone no:	
	How is this person known to you?	
	For how long?	



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Personal reference 3		
Email address:	Name:	
	Address (inc postcode):	
	Telephone no:	
	How is this person known to you?	
	For how long?	

**References: as a general rule, references are only taken up when the applicant starts on the formal assessment process following a successful initial visit and completion of our Day 1 training – Introduction to Shared Lives.*

11. REFERENCES* - APPLICANT 2 (IF APPLICABLE)

Applicant 2		
<p>MEDICAL REFERENCE Please give the name, address and telephone no of your GP so we can seek a medical reference</p>	Name of GP:	
	Address (inc postcode)	
	Telephone no:	
	Email address:	
<p>EMPLOYER REFERENCE* Please give the name, address and telephone no of your current or most recent employer. If self-employed and currently in fostering/care please provide details of the relevant agency</p>	Name:	
	Address (inc postcode):	
	Telephone no:	
	Email address:	
PERSONAL REFERENCES (Applicant 2)	Please note that preferably your referees will have known you for a minimum of 5 years in order to give a good history of your skills and experience.	
Personal reference 1		
Email address:	Name:	
	Address (inc postcode):	
	Telephone no:	
	How is this person known to you?	
	For how long?	
Personal reference 2		
Email address:	Name:	
	Address (inc postcode):	
	Telephone no:	
	How is the person known to you?	
	For how long?	

Personal reference 3		
Email address:	Name:	
	Address (inc postcode):	
	Telephone no:	
	How is the person known to you?	
	For how long?	

**References: as a general rule, references are only taken up when the applicant starts on the formal assessment process following a successful initial visit and completion of our Day 1 training – Introduction to Shared Lives.*

12. DECLARATIONS AND CONSENT

Applicant 1 (please mark as appropriate)	
Criminal convictions	<input type="checkbox"/> I declare I have no unspent criminal convictions, cautions, reprimands or warnings OR
	<input type="checkbox"/> I have criminal convictions, cautions, reprimands or warnings that I am willing to discuss
Conflicts of interest	<input type="checkbox"/> I declare I know of no conflicts of interest relevant to being a Shared Lives carer OR
	<input type="checkbox"/> I am aware of conflicts of interest that I am willing to discuss

Consent for checks and references and data handling and storing

- I consent for detailed checks and references to be taken up with Social Care in the local authority area in which I live, to support my application to become a Shared Lives Carer. I understand that these checks could involve information about myself of a confidential, medical and personal nature. Adult Social Care may keep a record of the request on a database. If we have concerns about the information that we receive about you, we would normally discuss this with you.
- I consent for information about me to be kept securely by Shared Lives South West both on paper and on a computer database. (We will keep this information only for as long as is necessary to comply with Care Quality Commission regulations).
- I consent to information being passed by Shared Lives South West to the regulatory body for Shared Lives- Care Quality Commission as required.
- I consent for Shared Lives South West to contact references, mortgage provider/landlord.

Signature of Applicant 1:

Date:

DBS Consent

Enhanced Disclosure and Barring Service (DBS) Check Consent:

As part of the safer recruitment process, all applicants are required to undergo an Enhanced DBS check to ensure their suitability for working with vulnerable adults.

- I understand that I am required to undergo an Enhanced DBS check.
- I give consent for Shared Lives South West to request an Enhanced DBS check on my behalf.
- I understand that Shared Lives South West will only proceed with my application if the DBS check is satisfactory.

Please provide your consent by ticking the box below and signing this section:

I consent to an Enhanced DBS check being carried out as part of my application.

Signature of Applicant 1:

Date:

Applicant 2 If applicable (please mark as appropriate)

Criminal convictions	<input type="checkbox"/> I declare I have no unspent criminal convictions, cautions, reprimands or warnings
	OR <input type="checkbox"/> I have criminal convictions, cautions, reprimands or warnings that I am willing to discuss
Conflicts of interest	<input type="checkbox"/> I declare I know of no conflicts of interest relevant to being a Shared Lives carer
	OR <input type="checkbox"/> I am aware of conflicts of interest that I am willing to discuss

Consent for checks and references and data handling and storing

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I consent to information being passed by Shared Lives South West to the regulatory body for Shared Lives- Care Quality Commission as required.

I consent for Shared Lives South West to contact references, mortgage provider/landlord.

Signature of Applicant 2:

Date:

DBS Consent

Enhanced Disclosure and Barring Service (DBS) Check Consent:

As part of the safer recruitment process, all applicants are required to undergo an Enhanced DBS check to ensure their suitability for working with vulnerable adults.

- I understand that I am required to undergo an Enhanced DBS check.
- I give consent for Shared Lives South West to request an Enhanced DBS check on my behalf.
- I understand that Shared Lives South West will only proceed with my application if the DBS check is satisfactory.

Please provide your consent by ticking the box below and signing this section:

I consent to an Enhanced DBS check being carried out as part of my application.

Signature of Applicant 2:

Date:

Please note, should you choose to email Shared Lives South West cannot be held responsible for the security of any data submitted.

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For applications in Cornwall please send to: **Shared Lives South West Trewellard Farm, Wheal Rose, Scorrier, Redruth TR16 5DH.**

For Somerset applications, send to: **Shared Lives South West, The Wagon House, Eaglewood Park, Dillington, Ilminster, Somerset, TA19 9DQ.**

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Using Your Personal Information

- The personal information that you supply will be used in a number of ways, such as validating your identity, communicating with you, or producing documents which assist with monitoring and supporting our services.
- We may share your information with, and obtain information about you from, other relevant third parties.
- Our lawful basis for processing your information is “public Task”.
- You have the right at any time to request access to, rectification or erasure of your personal data; to restrict or object to certain kinds of processing and to the portability of your personal data
- For further details about how we will use your personal information, please read our privacy policy: <https://www.sharedlivessw.org.uk/wp-content/uploads/2019/08/Shared-Lives-South-West-Privacy-Policy.pdf>