

The Doreen Kennedy Care Agency

**COMPANION/CARER/HOUSEKEEPER
REGISTRATION FORM**

DATE FREE TO COMMENCE / / **Mrs/Miss/Mr**

First Name **Surname**

Address

Postcode

Tel No () **Alternative Contact No** ()

D.O.B / / **Nationality**

Religion

Maiden Name and/or any other name that you have been known under;

Next of kin name, address and telephone number;

Do you drive? **Full License** **Clean License**

Own Car **Auto** **Manual**

Have you undertaken residential posts before?

With an Agency **Privately**

Have you any qualifications?

Nursing **First Aid** **Cooking**

Will you work with? The Elderly Stroke Victims

Confused Senile Dementia Alzheimers

Chron/Term ill Learning Disabilities Disabled Adult

Do you Smoke?
 Ride/Swim?
 Like Animals
 The Country
 Do you have any health problems?
 Have you had a serious illness in the past 5 years?
 Do you have any requirement for any form of medical
 Treatment on a regular basis?

Yes/No
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What Languages, apart from English, do you speak, and to what degree of fluency?

Will you work for 2/3/4 week periods?

How long a break between posts?

What are your preferred areas?

Can you assist an elderly lady or gentleman with; Draining a catheter bag

Changing a colostomy bag Lifting Denture cleaning

Incontinence bowel/urine Walking Feeding

 Shaving A Bath Toilet Hygiene

What duties can you / will you not undertake?

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What are your hobbies, interests?

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Do you have any convictions, motoring, criminal, spent or unspent?

If YES please detail;

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Please give any other information you feel would be helpful in gaining registration
With this agency;

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DECLARATION:-

I declare that the information I have given on this page and overleaf is true and honest, and that I have read and understood the Agency Code of Practice.

I also confirm that I am in good health, both physically and mentally and am fully fit to undertake the responsibilities involved in the care of a client.

Signed; **Dated;** / /

Name (Please print)

REFERENCES;

*Please give the telephone numbers, names and addresses of at least **FOUR** people whom we may contact for references.*

Two work and two Characters.

Telephone numbers must always accompany copy references so that we may verify them.

PLEASE BE SURE TO ENCLOSE AN UP TO DATE PHOTOGRAPH OF YOURSELF.

ANY APPLICANTS NOT HOLDING A BRITISH PASSPORT WILL BE REQUIRED TO PROVIDE PROOF OF WORK VISA. ANY FORM NOT RETURNED WITH RELEVANT COPY OF WORK VISA WILL NOT BE PROCESSED.

CHARACTER REFERENCES;

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WORK REFERENCES;

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