

Home Help Application - East

(Elmbridge, Epsom & Ewell, Mole Valley,
Reigate & Banstead, and Tandridge)

YOUR DETAILS:

Your Full Name:

Address:

Post code:

Home Telephone:

Mobile:

Email Address:

Next of kin/emergency contact name:

Next of kin/emergency contact telephone number:

Do you drive?	Yes	No
Do you have a car you can use in connection with this work?	Yes	No
Is the car insured for business use?	Yes	No
Would you work for a client who smokes?	Yes	No
Do you mind working in a home with pets	Yes	No
Are there any property types or environments where you would prefer not to work? eg. High rise flats	Yes	No

Please give brief details of previous work or other relevant experience over the last five years:
(continue on a separate sheet if necessary)

How many hours per week are you available to work?

Please note specific times of year unavailable:

Please list the geographical areas you are able to cover:

CRIMINAL DECLARATION:

Have you ever been convicted of a criminal offence, cautioned, reprimanded, warned, or become subject to any other disposal that may be relevant to work with vulnerable adults?

(This information will be treated in strict confidence)

Yes

No

REFEREES:

Please provide the details of **TWO** referees who can comment on your suitability to work with older and potentially vulnerable adults. Referees **must NOT be relatives**. Referees may be:

- Professional references
- Previous clients
- Voluntary organisation contacts
- Character references

Name:

Name:

Title:

Title:

Company:

Company:

Address:

Address:

Tel No:

Tel No:

Email:

Email:

By providing referee details, I confirm that the individuals named are aware that Age UK Surrey may contact them in connection with my application.

DATA PROTECTION:

Age UK Surrey will process the information contained in this application for the purpose of assessing suitability for inclusion on the approved register and administering the Help at Home Service.

Our full Privacy Notice is available on request and on our website **CLICK HERE TO READ**

PUBLIC LIABILITY INSURANCE:

Do you currently hold Public Liability Insurance?

Yes

No

If Yes, please name the Provider:

Policy Number (optional):

Or alternatively:

If accepted onto the register, are you willing to obtain Public Liability Insurance?

Yes

No

Please send this form back to the address below:



Age UK Surrey, The Westway, 25 Chaldon Road, Caterham, CR3 5PG

Telephone: 01883 343095 Email: caterham.office@ageuksurrey.org.uk

Visit our website: www.ageuk.org.uk/surrey