# Home Help Application - West

## (Waverley, Guildford, Surrey Heath, Woking, Spelthorne and Runnymede)

## 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:**

Surrey Age UK
Age UK Surrey, The Clockhouse, Chapel Lane, Milford GU8 5EZ
Telephone: 01252 331352 Email: ash.office@ageuksurrey.org.uk
Visit our website: www.ageuk.org.uk/surrey