

**CARER APPLICATION FORM**

|  |  |
| --- | --- |
| **FULL NAME:** |  |
| **DATE OF BIRTH:** |  |
| **ADDRESS:*****Line 1******Line 2******Line 3******Postcode*** |  |

|  |  |
| --- | --- |
| **Email:** |  |
| **Mobile number:** |  |
| **Landline number:** |  |

|  |
| --- |
| ***YES/NO*** |

**SELF-EMPLOYED STATUS:**

|  |
| --- |
|  |

**NATIONAL INSURANCE NO:**

|  |
| --- |
|  |

**UTR NUMBER:**

|  |
| --- |
|  ***YES/NO*** |

**CAR OWNER:**

|  |
| --- |
|  ***YES/NO*** |

**CAR DRIVER:**

|  |
| --- |
|  ***YES/NO*** |

**CARER INSURANCE**:

|  |
| --- |
|  |

**POLICY NUMBER:**

|  |
| --- |
|  |

**EXPIRY DATE**:

|  |  |  |  |
| --- | --- | --- | --- |
| **DBS:** | **Issue No:** | **Issue Date:** | **Update Service:** |
|  |  |  |  ***YES/NO*** |

**CARER EXPERIENCE – OVERVIEW:**

|  |  |
| --- | --- |
| ***No of Years*** | ***Type of Experience***  |
|  |  |

**CARER TRAINING: Within last 3 years**

|  |  |  |
| --- | --- | --- |
| ***Date*** | ***Course Details*** | ***\*ATTACH COPIES (TICK)*** |
|  |  |  |

**NB: PLEASE SUBMIT COMPLETED FORM BY EMAIL TOGETHER WITH COPIES OF: CV, DBS, PASSPORT/VISA (PHOTO ID PAGE) AND A HEAD AND SHOULDERS RECENT SMILEY PHOTOGAPH TO:**

**info@artemiscare.co.uk**