**Shared Lives Carer Application Form**

**For applications to:**

Camphill Village Trust West Midlands: 01384 441505 / sharedlives@cvt.org.uk

Birmingham Shared Lives: 07592 586475 or 07592 586485 / sharedlives@birmingham.gov.uk

Walsall Shared Lives: 01922 652497 / walsallsharedlives@walsall.gov.uk

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| **1. Applicant(s) Details.** | | |
| **First Name** | **1st Applicant** | **2nd Applicant** |
|  |  |
| **Surname** |  |  |
| **Known as** |  |  |
| **Prefix (Mr, Mrs, Ms, Miss, Other)** |  |  |
| **Former names** |  |  |
| **Date of birth** |  |  |
| **Nationality** |  |  |
| **Home telephone** |  |  |
| **Work telephone** |  |  |
| **Mobile telephone** |  |  |
| **E-mail address** |  |  |
| **Languages spoken at home** |  |  |
| **Other languages spoken** |  |  |
| **Marital Status** |  |  |
| **National Insurance Number** |  |  |
| **Do you have a full, clean driving licence and access to a vehicle** |  |  |
| **How did you find out about this Shared Lives Scheme?** |  |  |
| **Your Covid health status:**  Do you or anyone in the household have confirmed Covid-19/ symptoms of Covid-19/or isolating due to exposure to Covid-19?  Are they or anyone in the household in a higher risk group/shielding (e.g. have cancer or an immune-suppressing condition)? | | |

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| **2. Accommodation.** | |
| **Address including postcode** |  |
| **Do you own or rent the property (name of mortgage provider/ landlord)** |  |
| **Length of time at this address** |  |
| **Previous address(es) if less than 5 years** |  |
| **Describe your home:**  **Type of Accommodation, e.g. bungalow, flat, detached property.**  **How accessible is your home for a person with limited or restricted mobility?**  **How many bedrooms do you have available for Shared Lives – 1,2 or 3** | |
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| **Describe the area where you live:**  **including the amenities and facilities available locally, community groups operating locally, details of public transport links** | |
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| **3. Other members of your household** | | | |
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| **Full Name** | **DOB** | **Relationship to applicant/s** | **Relevant Details** |
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| **4. Are you providing accommodation, care and support for anyone living with you as part of your current household?** | | | |
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| **Full Name** | **Nature of care and support** | **Funded by** | **Since** |
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| **5. Significant others not living at home/next of kin details** | | | |
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| **Full Name** | **DOB** | **Relationship to applicant/s** | **Relevant Details** |
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| **6. Current Employment** | | |
| **Current employment or profession. Please give your job title and briefly describe the duties of your role and (reasons for leaving the employment**- if applicable) | | |
|  | **1st Applicant** | **2nd Applicant** |
|  |  |
| **Current employer**  **(if any)**  **Name and Address and telephone number** |  |  |
| **Date started** (and finished if applicable) |  |  |
| **Current hours of work per week** |  |  |
| **Proposed hours on becoming a Shared Lives Carer** |  |  |

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| **7. Previous work or voluntary experience** | | | |
| **Applicant 1** | | | |
| **Name and address of organisation** | **Dates**  **From and To** | **Job/ volunteering title** | **Please briefly describe the duties of your role and reasons for leaving** |
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|  |  |  | **(add more boxes where necessary)** |

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| **Applicant 2** | | | |
| **Name and address of organisation** | **Dates**  **From and To** | **Job/ volunteering title** | **Please briefly describe the duties of your role and reasons for leaving** |
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|  |  |  | **(add more boxes where necessary)** |

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| **8. PERSONAL STATEMENT: please state why you wish to become a Shared Lives carer(s) and what you feel you could offer to the service.**  **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** | | |
| **Why do you want to become a Shared Lives Carer?** | **1st Applicant** | **2nd Applicant** |
|  |  |
| **What are you able to offer as a Shared Lives Carer? e.g.**  **skills,**  **life experiences, values,**  **lifestyle**  **family and**  **social networks** |  |  |
| **What are your hobbies and interests?** |  |  |
| **What level of commitment are you able to offer once approved as a Shared Lives Carer? E.g Live-In / Short-Break & frequency of support – weekends etc** |  |  |
| **What support areas interest you?** Please mark all that apply | |  |  | | --- | --- | |  | People with a learning disability | |  | People with mental health problems | |  | Older people | |  | People with physical disabilities | |  | People with dementia | |  | People with sensory impairment | |  | People with autism | |  | People home from hospital | |  | Parents with a learning disability | |  | People with an acquired brain injury | | |  |  | | --- | --- | |  | People with a learning disability | |  | People with mental health problems | |  | Older people | |  | People with physical disabilities | |  | People with dementia | |  | People with sensory impairment | |  | People with autism | |  | People home from hospital | |  | Parents with a learning disability | |  | People with an acquired brain injury | |
| **Do you have any pets? (please provide details)** |  |  |
| **Is there anything you need to share with us?** Such as criminal convictions and/or anything pertinent to working with vulnerable adults. We can call you if you prefer. |  |  |

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| **9. Previous history/registration as Care Providers** | | | | | | | |
| **Have you or any other member of the household previously applied to become a Shared Lives carer, foster carer, adopter, supporting people provider or child minder?**  Yes No | | | | | | | |
| **If yes, please give details:** | | | | | | | |
| **Full Name** | | **Date** | **Name and address of organisation applied to**  **Address** | | **Type of application** | | **Outcome** |
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| **Have you or any other member of the household previously been a provider regulated by CQC, the Care Inspectorate, RQIA or CSSIW**  Yes No | | | | | | | | |
| **If yes, please give details:** | | | | | | | | |
| **Full Name** | | **Date** | **Name of organisation applied to**  **Address** | | **Type of application** | | **Outcome** | |
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| **Have you or any other member of the household been involved in any family court proceedings or in any proceedings about children and/or family?**  Yes No | | | | | | | |
| **If yes, please give date/s, court and brief details:** | | | | | | | |
| **Date** | **Name of Court** | | | **Court order made (if applicable** | | **Name of children** | |
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| **10. References** | | | | |
| **Employer’s reference**  **Please note the name, address, telephone number and email of your employer** | **1st Applicant** | | **2nd Applicant** | |
| Email:  Telephone: | | Email:  Telephone: | |
| **Personal references**  **Please give details of two people who you have known for more than 2 years**  **State name and address and telephone number. Also how long they have known you and in what capacity**  **Please note**  **Relatives or partners cannot act as personal referees** | 1. |  | 1. |  |
| Email:  Telephone: | Email:  Telephone: |
| 2. |  | 2. |  |
| Email: Telephone: | Email: Telephone: |
| **Medical reference**  **Name and Address of GP:**  **You will need to complete a self-assessment form to confirm you are fit to undertake the role of a Shared Lives Carer. We may need a letter from your GP based on what information you disclose about your health.** |  | |  | |

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| **11. Consent and agreements** |
| **Applicant 1** **Please read the following and sign your agreement** |

I declare that I have no criminal convictions **or** (delete as applicable) / I have criminal convictions that I (even those that are deemed to be spent) am willing to discuss

I declare that I know of no conflict of interest that may affect my application as a Shared Lives carer **or** (delete as applicable) / I am aware of a potential conflict of interest that may affect my application as a Shared Lives carer that I am willing to discuss

I consent for detailed checks and references to be taken up 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.

I consent for information about me to be kept by the Shared Lives scheme both in paper and on a computer database.

I consent for information about me to be processed as part of the Expanding Shared Lives Pilot Project. Information will only be shared for the purpose of administration, assessment and monitoring of the project.

I consent to information being passed by the scheme to the regulatory body as required

I am eligible to work in the UK and my NI number is:

Signature:

Date:

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| **Applicant 2 Please read the following and sign your agreement** |

I declare that I have no criminal convictions **or** (delete as applicable) / I have criminal convictions that I (even those that are deemed to be spent) am willing to discuss.

I declare that I know of no conflict of interest that may affect my application as a Shared Lives carer **or** (delete as applicable) / I am aware of a potential conflict of interest that may affect my application as a Shared Lives carer that I am willing to discuss.

I consent for detailed checks and references to be taken up 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.

I consent for information about me to be kept by the Shared Lives scheme both in paper and on a computer database.

I consent to information being passed by the scheme to the regulatory body as required.

I am eligible to work in the UK and my NI number is:

Signature:

Date:

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| **Equality & Diversity Monitoring Form** |
| The Shared Lives Scheme wishes to better understand the characteristics of all people who work with the organisation. This will not only allow us to provide appropriate support for our Shared Lives Carers but also may assist with the matching process when identifying new arrangements. We would ask each applicant to complete this form and return it with your application. This information will be separated on receipt and held in confidence. |
| **Name of 1st Applicant:** |
| **Name of 2nd Applicant:** |

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| --- | --- | --- | --- | --- |
|  | **Characteristic** | | **1st Applicant** | **2nd Applicant** |
| 1 | **DOB:** | on date of application |  |  |
| 2 | **Gender:** | male/female /other |  |  |
|  | **Sex:** | Male/female |  |  |
|  | **Ethnicity: Please mark with an X** | | | |
| 3 | White British | |  |  |
| 4 | White Irish | |  |  |
| 5 | Any other White Background | |  |  |
| 6 | Mixed White and Black Caribbean | |  |  |
| 7 | Mixed White and Black African | |  |  |
| 8 | Any Other Mixed Background | |  |  |
| 9 | Asian or British Indian | |  |  |
| 10 | Asian or British Pakistani | |  |  |
| 11 | Asian or British Bangladeshi | |  |  |
| 12 | Any Other Asian British Background | |  |  |
| 13 | Black or Black British Caribbean | |  |  |
| 14 | Black or Black British African | |  |  |
| 15 | Any Other Black Background | |  |  |
| 16 | Chinese | |  |  |
| 17 | Any Other Ethnic Group (please state) | |  |  |
|  | **Religion:** | | | |
| 18 | Christian | |  |  |
| 19 | Hindu | |  |  |
| 20 | Muslim | |  |  |
| 21 | Sikh | |  |  |
| 22 | Jewish | |  |  |
| 23 | Buddhist | |  |  |
| 24 | Any other religion (please state) | |  |  |
|  | **Sexuality** | | | |
| 25 | Heterosexual/straight | |  |  |
| 26 | Gay Man | |  |  |
| 27 | Lesbian/Gay Woman | |  |  |
| 28 | Bisexual | |  |  |
| 29 | Transgender | |  |  |
| 30 | Non Binary | |  |  |