

INTEGRATED CARE PRACTITIONER REGISTER APPLICATION FORM

Please be aware that if you express an interest in a vacancy, we may share your application with the employer for shortlisting purposes.

Please note that incomplete forms will not be processed.

For Office use only			
Date Received By SAICCSS	dd/mm/yyyy		
Date on PA Register	dd/mm/yyyy		
Date Acknowledged	dd/mm/yyyy	Via Email "	Via Post o
References Requested			
DBS Link Sent			

PERSONAL DETAILS:

Title: Mr/Mrs/Miss/Ms/Other (Please state):	
Surname:	
Forename(s):	
Previous Surnames (if Applicable):	
Address:	
Town:	
County:	
Postcode:	
Home Telephone:	
Mobile:	
Email address:	

EMPLOYMENT HISTORY:

MOST RECENT OR CURRENT EMPLOYER:	
Employer 1	
Address	
Phone	
Position Title	
From (MM/YYYY)	
To (MM/YYYY)	
Brief Description of Duties	
Reason for Leaving	
PREVIOUS EMPLOYMENT (PLEASE USE CONTINUATION SHEET IF NECESSARY):	
Employer 2	
Address	
Phone	
Position Title	
From (MM/YYYY)	
To (MM/YYYY)	
Brief Description of Duties	
Reason for Leaving	
Employer 3	
Address	
Phone	
Position Title	
From (MM/YYYY)	
To (MM/YYYY)	
Brief Description of Duties	
Reason for Leaving	

EDUCATION:

(please use continuation sheet if necessary):

Name And Address of School, College or University	Qualification	Grade /Result Received

SKILLS AND CERTIFICATION:

(any additional training received that you feel is relevant for the post):

Name of organisation	Training Details	Result and Date achieved



RELEVANT EXPERIENCE TO THIS POST:

From your paid and voluntary work special and from your personal experience, state briefly what skills, abilities and qualities you would bring to this position:

GENERAL INFORMATION:

When would you normally be able to work as an Integrated Care Practitioner (ICP)?

Weekdays				
	Mornings	Afternoons	Evenings	Overnight
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Weekends & Bank Holidays				
	Mornings	Afternoons	Evenings	Overnight
Saturday				
Sunday				
Bank Holidays				
Notes				

Working area preferences: (please tick P)

	Yes R	No R
Personal Care	☐	☐
Social Care	☐	☐
Female	☐	☐
Male	☐	☐
Older People	☐	☐
Children's Disability	☐	☐
Physical Disability	☐	☐
Mental Health	☐	☐

Languages spoken? (Please list)			
What are some of your hobbies or interests?			
Do you hold a current driving licence?	Yes ☐	No ☐	
Are you a car driver and have a car for work?	Yes ☐	No ☐	
Would you be willing to use your own car to transport a client to social activities?	Yes ☐	No ☐	

Please state where you learned of this vacancy:

Do you have any past or present convictions for criminal offences?

☐ Yes ☐ No

**If the answer is “yes” and you are invited to attend for interview, you will be expected to give full details of the conviction at the interview.
(Due to the nature of this work, you are expected to give full details of any conviction at any time. Failure to disclose convictions will mean that your application will be rejected, or, if you are appointed and a conviction subsequently comes to light you may be dismissed).**

Do you have a current DBS Disclosure?

(Please supply details below:)

Disclosure Number	Issued by	Date of issue

PLEASE PROVIDE BELOW DETAILS FOR TWO REFERENCES

(One of which should be your current or most recent employer. Any personal reference should not be from a family member)

REFERENCE 1	
Name	
Address	
Phone	
Capacity in which known to you	
REFERENCE 2	
Name	
Address	

Phone	
Capacity in which known to you	

DECLARATION

Data Protection: I agree to Disability Resource Centre, who act as agents for people receiving a direct payment, sharing, obtaining and processing the information provided by me only for the purposes of my work as a prospective personal assistant.

To the best of my knowledge, the information given on this form is accurate and I have not omitted anything which might affect my application

Signed

Date

IMPORTANT

In order to comply with the Asylum and Immigration Act 1996 and the Immigration (Restrictions on Employment) Order 2004 you must confirm your identity and verify that you are eligible to work in the UK.

Should you be asked to attend an interview, you will need to bring to the interview the following documentation:

- UK Passport: OR
- EU national passport or national identity card; OR
- A Passport or travel document endorsed to show that the holder can stay in the UK, and allows the holder to take employment; OR
- National Insurance Card, P45 or P60 AND a full Birth Certificate; OR
- National Insurance Card, P45 or P60 AND other relevant Home Office documentation confirming that the holder can stay and work in the UK; OR
- A Work Permit issued by work Permits UK AND an appropriately endorsed passport or other travel document; OR
- Other combinations of documents set out in the Immigration (Restrictions on Employment Order 2004).

For monitoring purposes could you please underline or circle your ethnic origin and answer the questions on disability:

White:

British Irish Scottish Welsh Any other white background

Asian:

Indian Pakistani Bangladeshi Any other Asian background

Black:

African Caribbean Any other black background

Mixed:

White and Black Caribbean White and Black African

White and Asian Any other mixed background

Chinese or other Ethnic Group:

Chinese Any other

Are you registered disabled?

YES: ☐ **NO:** ☐

Do you consider yourself to have a disability?

YES: ☐ **NO:** ☐

What is your age group:

16 – 17* ☐ 18 – 30o 31 – 44 ☐
45 – 64o 65 – 74o prefer not to say ☐

* There are restrictions on the employment of 16–17-year-olds which would apply.



Thank you for your co-operation and time in completing this application.

Please return this form to:

ICP/CEP Register
SecretANGELS Integrated Care & Community Support Services
Kathleen Connolly House
102 Hitchin Road, Luton, Bedfordshire LU2 0ES

Tel: 01582 536 064

E-Mail enquiries@secretangelspa.co.uk