

APPLICATION FORM TO BECOME A SHARED LIVES CARER(S)

Please note that you may find the **Guidance Notes** document helpful when completing this form. If you would prefer to complete your form online please go to: <https://www.graceeyre.org/Pages/Category/shared-lives>

If you are completing a joint application e.g. as 2 carers within the same household, please ensure details for Applicant 1 and Applicant 2 are both completed. If completing a single carer application, please just complete fields for Applicant 1.

1. YOUR DETAILS

	APPLICANT 1	APPLICANT 2
Prefix (Mr/Miss/Mrs/Ms/Other)		
First name (s)		
Surname		
Known as		
Former names (if applicable)		
Date of birth		
Age		
Current address Including postcode		
National Insurance number		
Ethnicity		
Home telephone		
Work telephone		
Mobile telephone		
Email address		
How long have you been at this address?		

If less than five years please give details of previous address		
I declare I have no criminal convictions (even those that are deemed to be spent) I have criminal convictions that I am willing to discuss (even those that are deemed to be spent)	<p style="text-align: center;">Yes/No</p> <p style="text-align: center;">(It is very important that you declare any criminal convictions) see Page at end of form</p> <p style="text-align: center;">Yes/No</p>	<p style="text-align: center;">Yes/No</p> <p style="text-align: center;">(It is very important that you declare any criminal convictions) see Page at end of form</p> <p style="text-align: center;">Yes/No</p>

How did you hear about Shared Lives?

2. PREVIOUS REGISTRATION AS CARE PROVIDERS

	APPLICANT 1	APPLICANT 2
<i>If you have responded Yes to any of the above questions below, please provide details</i>		
Have you ever applied to be or been a foster carer?		
Have you ever been registered with CQC (Care Quality Commission) or its predecessors?		
Have you ever applied to be or have been approved as a Shared Lives carer?		
Have you ever been de-approved as a Shared Lives carer?		
Have you ever been a Supporting People provider?		

3. OTHER MEMBERS OF THE HOUSEHOLD

Full name	Date of birth	Age	Relationship to you

If any of the above people are service users that you currently provide accommodation, care and support for, please give further details below

Name	Nature of care and support provided	Funded by	Since (date)

4. TELL US ABOUT YOUR HOME (see Guidance Notes)

How many bedrooms do you have available for Shared Lives arrangement? (1, 2 or 3)	
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Please describe your home:
e.g. size of bedrooms, how many communal spaces are there, do you have a garden, are there steps to the property?

Please describe the community where you live:

e.g. transport links, local shops, leisure activities

Is there anything about your home that would need to be considered for people with limited or restricted mobility? *e.g. internal stairs, external steps, bathroom arrangements*

5. WHAT SERVICES ARE YOU INTERESTED IN PROVIDING? (Please mark all that apply)

What service user group would you like to support?	How would you like to provide that support?
<input type="checkbox"/> People with a learning disability <input type="checkbox"/> People with mental health problems <input type="checkbox"/> Older people <input type="checkbox"/> People with physical disabilities <input type="checkbox"/> People with dementia <input type="checkbox"/> People with Autism <input type="checkbox"/> People with a sensory impairment – hearing/visual <input type="checkbox"/> Parents with a learning disability <input type="checkbox"/> People with an acquired brain injury	<input type="checkbox"/> Long term Accommodation <input type="checkbox"/> Short Term Accommodation <input type="checkbox"/> Short Breaks (Respite) <input type="checkbox"/> Kinship

6. PERSONAL STATEMENT: please state why you wish to become a Shared Lives carer(s) and what you feel you could offer as a carer to an adult/young person with support needs?

- Please also use this opportunity to share anything you feel might be relevant to your application to become a carer such as past experience, skills and abilities, values and personal qualities.
- Please also include any criminal convictions and/or anything which might be pertinent to you working with adults/young people who need extra support.

N.B the box will grow as you type

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7. CURRENT AND PREVIOUS EMPLOYMENT

(Please provide evidence of full employment history including any information on any gaps in your employment)

APPLICANT 1

CURRENT EMPLOYMENT		
Job title:		
Company/organisation:		Start & end date:
Address:		
Telephone:		
Main duties:		

PREVIOUS EMPLOYMENT – (MOST RECENT FIRST)

Job title:		
Company/organisation:		Start & end date:
Address:		
Telephone:		
Main duties:		

Job title:		
Company/organisation:		Start & end date:
Address:		
Telephone:		
Main duties:		

Job title:		
Company/organisation:		Start & end date:
Address:		
Telephone:		
Main duties:		

Job title:		
Company/organisation:		Start & end date:
Address:		
Telephone:		
Main duties:		

Please continue on another sheet if necessary

APPLICANT 2

CURRENT EMPLOYMENT		
Job title:		
Company/organisation:		Start & end date:
Address:		
Telephone:		
Main duties:		

PREVIOUS EMPLOYMENT – (MOST RECENT FIRST)

Job title:		
Company/organisation:		Start & end date:
Address:		
Telephone:		
Main duties:		

Job title:		
Company/organisation:		Start & end date:
Address:		
Telephone:		
Main duties:		

Job title:		
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Address:		
Telephone:		
Main duties:		

Job title:		
Company/organisation:		Start & end date:
Address:		
Telephone:		
Main duties:		

Please continue on another sheet if necessary

8. QUALIFICATIONS AND TRAINING

APPLICANT 1

Please list any relevant qualifications or training you have undertaken.

Please describe the training/qualifications	Date	Qualification gained

APPLICANT 2

Please list any relevant qualifications or training you have undertaken.

Please describe the training/qualifications	Date	Qualification gained

9. REFERENCES

APPLICANT 1

<p>MEDICAL REFERENCE</p> <p>Please give the name, address and telephone no of your GP so we can seek a medical reference</p>	Name of GP	
	Address (including postcode)	
	Telephone no	
<p>EMPLOYER'S REFERENCE</p> <p>Please give the name, address and telephone no of your current or most recent employer.</p> <p>If you are self-employed, please write your accountant's details.</p>	Name	
	Address (including postcode)	
	Telephone no	

PERSONAL REFERENCES	Your referees will need to have known you for a for a reasonable amount of time in order to give a good history of your skills and experience.	
Personal reference 1		
Name		
Address (including postcode)		

Telephone no.	
How is this person known to you?	
For how long?	

APPLICANT 2

<p>MEDICAL REFERENCE</p> <p>Please give the name, address and telephone no of your GP so we can seek a medical reference</p>	Name of GP	
	Address (including postcode)	
	Telephone no	
<p>EMPLOYER'S REFERENCE</p> <p>Please give the name, address and telephone no of your current or most recent employer.</p> <p>If you are self-employed, please write your accountant's details.</p>	Name	
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Personal reference 1	
Name	
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Telephone no.	
How is this person known to you?	
For how long?	

10. DECLARATIONS AND CONSENTS

APPLICANT 1

Criminal convictions	<input type="checkbox"/> I declare I have no unspent criminal convictions, cautions, reprimands or warnings.
	OR <input type="checkbox"/> I have criminal convictions, cautions, reprimands or warnings that I am willing to discuss.

Conflicts of interest	<input type="checkbox"/> I declare I know of no conflicts of interest relevant to being a Shared Lives Carer.
	OR <input type="checkbox"/> I am aware of conflicts of interest that I am willing to discuss.

I agree to undertake all training as required by the Shared Lives scheme.

Sign: **Date:**

Sign: **Date:**

Consent for checks and references and data handling and storing	<input type="checkbox"/> I consent for detailed checks and references to be taken up with Adult Social Care in the local authority area in which I live, 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. Adult Social Care may keep a record of the request on a database. If we have concerns about the information that we receive about you, we would normally discuss this with you.
	<input type="checkbox"/> I consent for information about me to be kept by Grace Eyre's Shared Lives scheme both on paper and on a computer database. (We will keep this information only for as long as is necessary to comply with CQC/data protection regulations).
	<input type="checkbox"/> I consent to information being passed by Grace Eyre to the regulatory body, the CQC for Shared Lives, as required.
	<input type="checkbox"/> I am eligible to work in the UK
	Signature of Applicant 1: Date:

APPLICANT 2

Criminal convictions	<input type="checkbox"/> I declare I have no unspent criminal convictions, cautions, reprimands or warnings.
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	Signature of Applicant 1: Date:

Please note: this page is only to be attached where there are adults (over16) household members living with the applicants.

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	Signature of Applicant 1:
	Date:



WHERE TO SEND YOUR APPLICATION FORM

Please note, should you choose to email your application Grace Eyre cannot be held responsible for the security of any data submitted.

For applications in **London** please send the completed form by post to: **Shared Lives Manager, Grace Eyre Foundation, 3rd floor, 336 Brixton Road, Brixton, London, SW9 7AA.**

A completed application may be sent by email to:

sharedliveslondon@grace-eyre.org or jhughes@grace-eyre.org

To contact our Shared Lives services please call:
London **020 7924 0631 / 07590 600 730**

11. FEEDBACK

If you would like to provide any feedback on completing this form, please use the space below.

Thank you for your application.