



Sommerville

Disability
Support
Services

Encouraging children and young adults to reach their full potential.

CARER APPLICATION FORM

CONFIDENTIAL

This is an application form for prospective caregivers. It includes some personal questions that as far as possible ensure the safety of children.

If you should require assistance with filling out this application form or would like further information please contact Sommerville, Phone 06 345-0566.

Please complete all sections and return to -
Chia Baldwin
Sommerville Disability Support Services
PO Box 540
WANGANUI

1. Personal Information:

Name (Mr/Mrs/Miss/Ms) _____

Spouse/Partner (if living in your home) _____

Address _____

Employer _____

Position Held _____

Hours of Employment _____

Telephone (Work) _____

(Home) _____

(Cell) _____

(Fax) _____

Age of Caregiver _____

Age of Spouse/Partner _____

6.2 Are you or your spouse/partner or any other adult living in your home waiting for a hearing of any charges?

Yes []

No []

7. Driving License

7.1 Do you have a vehicle?

Yes []

No []

7.2 If yes, then please complete the following information for each driver of the family car.

Name _____

Number of any current demerit points _____

Has your license ever been cancelled? Yes [] No []

Name _____

Number of current demerit points _____

Has your license ever been cancelled? Yes [] No []

Name _____

Number of current demerit points _____

Has your license ever been cancelled? Yes [] No []

7.3 Does your vehicle have a current Warrant of Fitness?

Yes []

No []

7.4 Does your vehicle have a current registration?

Yes []

No []

8. References

You are required to give the names of 3 people who can give a character reference for you and your family. Please advise them that you have submitted their names as referees. At least one of the referees should have a professional relationship with you eg. lawyer, employer, member of the clergy.

NAME	ADDRESS	PHONE	STATUS (friend etc)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Providing Care

The answers to these questions will help in matching of a person with your family should your application be successful. Please attach or provide any additional information you believe will be relevant.

9.1 If your application is successful, when could you start providing care?

9.2 If your application is successful, we would require you to undergo a 6 module training period and on-going monthly training. Are you willing to do this?

Yes []

No []

9.3 What type/s of care are you willing to provide?

[] **Respite Care** - *Short term care and support that can mean anything from a few hours/overnight stay/several days.*

[] **Shared Care** - *is a regular commitment to provide care for possibly one or two weekends per month*

[] **Emergency Care** - *is usually short term up to two weeks which can occur within an hours notice*

9.9 Do you have a current First Aid certificate?

Yes []

Expiry Date []

No []

9.10 Are you prepared to administer medication?

Yes []

No []

9.11 Have you discussed the providing of care with other people who live permanently in your home? What is their view?

10. Authorisation

I/We (Full names) _____

and _____

declare to the best of my/our knowledge that the answers to the questions in this application are correct. I/we understand that if any false information is given, or any information is suppressed, I/we may not be accepted as caregivers.

I/we further understand that submission of this application to Sommerville Disability Support Services does not constitute employment, but will be taken into account in the application process.

Signature(s) _____

Date _____