



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 Leigh Winduss Sommerville, Phone 06 345-0566.Ext 707.

Please complete all sections and return to -
Attention; Leigh Winduss.
Sommerville Disability Support Services
PO Box 540
WANGANUI

1. Personal Information:

Name (Mr./Mrs/Miss/Ms) _____

Spouse/Partner (if living in your home) _____

D.O.B. _____ / _____ / _____ Age of Spouse/Partner _____

Address _____

Employer _____

Position Held _____

Hours of Employment _____

Telephone (Home) _____

(Work) _____

(Cell) _____

(Email) _____

2. Other People Living Permanently in Your Home

Children

Name Age

Adults

Name Age

3. Health

Do you or any person living in your home currently have, or have had within the last 3 years, any medical condition, injury or illness which may affect your ability to provide care, or affect the health of a person with a disability in your care?

Yes [☐]

No [☐]

If yes, give details _____

4. Ethnicity _____

5. Police Check

All intending Caregivers and their spouses/partners or any other adult person 18 years or over living in your home are required to disclose any previous convictions or pending criminal or traffic offences and to consent to a confidential check on their personal records by the New Zealand Police.

5.1 Have you or your spouse/partner or any other adult living in your home ever been convicted of a criminal offence or participated in the Police Diversion Scheme?

Yes [☐]

No [☐]

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

Yes [☐]

No [☐]

6. Driving License

6.1 Do you have a vehicle?

Yes []

No []

6.2 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 []

6.3 Does your vehicle have a current Warrant of Fitness?

Yes []

No []

6.4 Does your vehicle have a current registration?

Yes []

No []

7. 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 e.g. Lawyer, employer etc.

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

8. 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.

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

8.2 If your application is successful, we would require you to undergo training. Are you willing to do this?

Yes [☐]

No [☐]

8 Providing care

8.1 Are you willing to provide care in?

[☐] Your **own home** – *the child/young person comes to your home*

[☐] The **child's own home** – *you go to the child's own home*

[☐] Out of home **setting** – *care in an appropriate alternative environment*

8.2 What age group do you wish to provide care for?

☐ *Children*

☐ *under 7 years*

☐ *7-12 years*

☐ *Young Adults*

☐ *12-17 years*

☐ *17-21 years*

☐ male ☐ female ☐ either

8.3 Are you prepared to provide care for a person who has high personal care needs? (Support with toileting and feeding).

Yes ☐

No ☐

8.4 Why do you wish to provide care for someone with a disability?

8.5 Do you have any previous experience in caring for/working with someone with a disability? If so please state.

8.6 List any training you have completed that is relevant to care giving training,

8.7 Do you have a current First Aid certificate?

Yes ☐ Expiry Date

No ☐

8.8 Are you prepared to administer medication?

Yes []

No []

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

9. Authorization

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 Somerville Disability Support Services does not constitute employment, but will be taken into account in the application process.

Signature(s) _____

Date _____