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| **SUPPORT WITH CONFIDENCE – APPLICATION** |

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| **SECTION 1: PERSONAL CONTACT DETAILS** |
| **Your title:** | Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other (please state): Click here to enter text. |
| **Your full name:** | Click here to enter text. |
| **Date of birth:** | Click here to enter text. |
| **Your address:** | Click here to enter text. | **Postcode:** | Click here to enter text. |
| **Daytime tel. no.:** | Click here to enter text. | **Mobile no.:** | Click here to enter text. |
| **Email address:** | Click here to enter text. |
| **Are you able to work in the Nottinghamshire area (including Nottingham City)?**If you select ‘No’ you will not be able to apply to join the scheme | Yes [ ]  No [ ]  |
| **Do you have any restrictions on being able to work in the UK?** | Yes [ ]  No [ ]  |
| **CHC Reference (where applicable)** |  |

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| **SECTION 2: SKILLS & EXPERIENCE** |
| **Do you have any specialist skills or experience that you would wish to use?** This could be through employment, volunteering, training or personal experience  | Yes [ ]  No [ ]  |
| **If ‘Yes’ please give details:**  **Do you have any Mental Health experience including in a paid or Voluntary Capacity?** Yes [ ]  No [ ]  |
| **Are you currently working as a Personal Assistant?** Yes [ ]  No [ ]  |
| **Are you looking to work with Adults** [ ]  **Children**  [ ]  **or Both** [ ]  |

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| **SECTION 3: TRAINING** |
| **Would you be willing to undertake a free E-learning training course, as provided by the Council?**Please note that refusal will mean that your application for approval will be refused. | Yes [ ]  No [ ]  |
| **Have you previously undertaken induction training with a registered support provider?** | Yes [ ]  No [ ]  |
| **Can you supply copies of certificates for induction training undertaken?** If ‘Yes’, please provide a copy of your certificates with this application | Yes [ ]  No [ ]  |
| **Have you undertaken NVQ level and/or Care Certificate training?** | Yes [x]  No [ ]  |
| **Can you supply copies of certificates for NVQ and/or Care Certificate training undertaken?** | Yes [ ]  No [ ]  |
| **If you have or are currently undertaking any other training which you feel may be relevant please give details of the courses and the dates.** Please provide copies of any certificates where possible

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| **Date** | **Title of training** |
| Click here to enter text. | Click here to enter text. |
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| **SECTION 4: DRIVING INFORMATION** |
| **Do you have a valid driving licence?** | Yes [ ]  No [ ]  |
| **Do you have the use of a car for work purposes?**If ‘Yes’, please provide a copy of your insurance | Yes [ ]  No [ ]  |
| **Do you have any driving convictions?**If ‘Yes’, please give details below: | Yes [ ]  No [ ]  |
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| **Date** | **Details of offence and conviction code** |
| Click here to enter text. | Click here to enter text. |
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| **SECTION 5: MEDICAL INFORMATION** |
| **Do you have any particular needs or medical conditions that clients should know about?**  | Yes [ ]  No [ ]  |
| **If ‘Yes’ please give details:** Click here to enter text. |

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| **SECTION 6: ANY OTHER INFORMATION** |
| **Please use this section to provide any other information about yourself that is relevant to your application:** Click here to enter text. |

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| **SECTION 7: REFERENCES** |
| **Please supply the names and addresses of two referees, one of whom should be your most recent employer and/or client if possible. However, if you have not been previously employed, give references from a professional member of your local community.***Please note: Approval cannot be confirmed unless we are in receipt of two references, as deemed satisfactory by Nottinghamshire County Council.*

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| **REFERENCE 1**  |
| **Full name:** | Click here to enter text. |
| **Full address including postcode:** | Click here to enter text. |
| **Daytime telephone number if possible:** | Click here to enter text. |
| **How do you know this person?** | Click here to enter text. |
| **How long have they known you?** | Click here to enter text. |
| **What is their profession?**(e.g. doctor, teacher) | Click here to enter text. |

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| **REFERENCE 2**  |
| **Full name:** | Click here to enter text. |
| **Full address including postcode:** | Click here to enter text. |
| **Daytime telephone number if possible:** | Click here to enter text. |
| **How do you know this person?** | Click here to enter text. |
| **How long have they known you?** | Click here to enter text. |
| **What is their profession?**(e.g. doctor, teacher) | Click here to enter text. |

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| **SECTION 8: PUBLICITY** |
| **How did you find out about Support with Confidence?**[ ]  Newspaper / magazine advert (please state which publication)[ ]  Radio[ ]  Notts Help Yourself[ ]  Leaflet (please state where you got the leaflet)[ ]  Word of mouth[ ]  Event[ ]  Other**Please give details of event/publication/source of leaflet/other:** Click here to enter text. |
| **SECTION 9: ADULT PROTECTION CHECKS** |
| **Please note that if you have been convicted of any of the following offences your application will not be approved:*** Any offence against children, young people or vulnerable adults
* Murder
* Offences involving serious violence or threats of violence
* Offences involving serious theft or fraud where duties allow access to substantial financial resources
* Sexual offences of any nature
* Serious burglary or arson, where duties involve substantial responsibility for security of buildings or equipment
* If you have been placed onto the following lists:

✓ Protection of Vulnerable Adults List (POVA)✓ Protection of Children’s Act List (POCA)✓ Section 142 of the Education Act (List 99)For all other offences appointment is subject to a risk assessment.**Please tick here to confirm that you have read the above statement** [ ]  |
| **Rehabilitation of Offenders Act 1974 and Exception Order 1975**Personal Assistants require a Disclosure and Barring Service (DBS) check and are automatically exempt from the Rehabilitation of Offenders Act 1974 and rules relating to ‘spent’ convictions do not apply.**Are you willing to have an Enhanced Disclosure and Barring Service (formerly CRB) check carried out?**  Yes [ ]  No [ ] If you select ‘No’ and indicate that you are not willing to have a DBS check you will not be able to apply to join the scheme.Please note that we would apply for a DBS check only after you have gone through the training process and we receive satisfactory references. For the DBS check we request your personal information for verification purposes. Once we receive DBS confirmation with ‘no recorded information’ we will make your details live on Nottinghamshire Help Yourself website (you will have registered on NHYS at the start of your application) and keep electronic records of your personal information. However, once you cease to be on the register, we will remove your records 12 months from that date.The information provided will only be used in relation to the Support with Confidence scheme. Under the Data Protection Act 2000 we will ensure safe storage of the data and will only keep the information for the purpose for which it is acquired. Information no longer required will be destroyed confidentially.**Please tick here to confirm that you have read the above statement** [ ]  |
| **Have you ever been subject to any Police warnings, reprimands, cautions, convictions, bind overs and are any of these pending?**  Yes [ ]  No [ ] If ‘Yes’ what are they? Please give all information including date(s). A Risk Assessment will then be carried out. Failure to give this information will mean that your application will be refused. Click here to enter text. |
| **SECTION 10: TERMS AND CONDITIONS OF APPROVAL** |
| On being accepted as an Approved Personal Assistant you agree to deliver services in accordance with the Terms and Conditions as specified in the Code of Conduct. Quality monitoring will take place to ensure client safety and satisfaction and a random check may be carried out by the Council on any services which you deliver. The information given in this form will be reviewed and updated annually.If complaints are received by the Council, then your name may be temporarily removed from the Approved Register whilst the complaint is being investigated by the Council and may be permanently deleted from it if the content of those complaints are proved to be true.**Do you agree to these terms and conditions?**  Yes [ ]  No [ ] Please note that responding ‘No’ to this question will mean that your application for approval will be refused. |
| **Signature:** | Click here to enter text. |
| **Print name:** | Click here to enter text. |
| **Date:** | Click here to enter text. |

**PLEASE NOTE:**

**Once we processed your application, we expect that you will register on the Nottinghamshire Help Yourself Personal Assistant Network website and have completed the Support with Confidence process within three months of your application. After successfully completing your application we will make your details live on the website.**

**If you are unable to complete Support with Confidence within three months, and unless you contact us, your details will be removed from our system. You will need to reapply if you would want to complete Support with Confidence in the future**

**Please send this completed form to:**

Support with Confidence

Nottinghamshire County Council

Strategic Commissioning Team

Floor 3 Bridgford South

County Hall

Loughborough Road

West Bridgford

Nottingham

NG2 7QP