Birmingham City Council

ACF0700
November 2010

Birmingham Shared Lives Carer application form

1. Applicant details - please complete a form for each person who wants to become a Shared Lives carer.

First name:

Last name:

Known as:

Former names (if applicable):

Date of birth: Sex:

Do you have a disability? Yes ☐ No ☑

If Yes, how does your disability affect you?

Current address and postcode:

Home phone Work phone

Mobile phone number:

Email address:

Time at current address:

Data Protection Act 1998
The personal information on this form is protected by law. This means that:

- we must keep the information safe;
- we can only use it for the reason given on the form;
- we can only share it with people who need to know it;
- we only keep it for as long as we have to; and
- you have the right to see the information we are keeping about you.

Please send the filled-in form to the address on the back page.

adults and communities

1. Applicant details - continued

Are you related to a Councillor or an employee of Birmingham City Council? Yes ☐ No ☐

If Yes, please provide details:

Name:

Position:

Relationship:

2. Other members of your household

Name:

Date of birth: Age: Relationship to you:

Current occupation:

Name:

Date of birth: Age: Relationship to you:

Current occupation:

Name:

Date of birth: Age: Relationship to you:

Current occupation:

Name:

Date of birth: Age: Relationship to you:

Current occupation:

3. Work experience (paid and unpaid)

Start date:

Finish date:

Description of your work experience:

Start date:

Finish date:

Description of your work experience:

Start date:

Finish date:

Description of your work experience:

Start date:

Finish date:

Description of your work experience:

Start date:

Finish date:

Description of your work experience:

Start date:

Finish date:

Description of your work experience:

Start date:

Finish date:

Description of your work experience:

3. Work experience - continued

Start date:

Finish date:

Description of your work experience:

Start date:

Finish date:

Description of your work experience:

Continue on a separate sheet if necessary

4. What support would you like to provide

What sort of person do you feel best able to offer support to in your home?

Type of support you would like to offer: (tick more than one if you wish)

Long term accommodation (living with you full time) ☐

Short term accommodation (short planned breaks) ☐

Day support
(daytime and evening activities both in your home and the community) ☐

If you plan to offer Long term or short term accommodation, you will need a spacious bedroom for each person.

Can the room(s) comfortably accommodate a single bed, wardrobe, chest of drawers and a comfortable chair? Yes ☐ No ☐

5. History - please give details

Have you ever applied to become a Shared Lives carer or an Adult Placement carer in the past? Yes ☐ No ☐

Have you ever been registered with CQC, CSCI or NCSC? Yes ☐ No ☐

Have you been a child minder or foster carer? Yes ☐ No ☐

6. Tell us more about you

What are your hobbies and interests?

Why do you want to become a Shared Lives carer?

7. Consent and agreements

DATA PROTECTION ACT
Information on this form may be held on computer where it is subject to the provision of the Data Protection Act. The act requires the council to safeguard this information and the use made of it. You have certain rights under this act and council staff will inform you of what these are should you wish.

REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS ORDER 1975)
Because of the nature of work you are applying for you are not entitled to withhold information about convictions which for other purposes are "spent". Failure to disclose such convictions will result in you application not being pursued. Any information given will be completely confidential and will be considered only in relation to this application.

FALSE INFORMATION
If any information given here or during the assessment process is found to be false, please be aware that your status of Approved Shared Lives carer could be removed.

☐ I declare I have no criminal convictions
(even those that are deemed to be spent)

OR (please tick applicable)

☐ I have criminal convictions that I am willing to discuss

☐ I declare I know of no conflicts of interest relevant to my application as a Shared Lives carer

OR (please tick applicable)

☐ I am aware of conflicts of interest that I am willing to discuss

I consent for detailed checks and references to be taken up to support my application to become a Shared Lives Carer. I understand that these checks could involve information about myself of a confidential and personal nature.

I consent for information about me to be kept by Birmingham Shared Lives Service both on paper and on a computer database

I consent to information being passed to the regulatory body as required

I am eligible to work in the UK and my NI number is:

Signature of applicant:

Date:

Equal opportunities monitoring Form – Private and Confidential

Birmingham Shared Lives is committed to a policy of equality of opportunity in the assessment and approval of all applicants. Everyone will be judged on their merits alone and not on race, colour, gender, sexual orientation, disability, age or any other factor, which could be used to discriminate against them.

In order to monitor our assessment and approval methods we would ask you to complete this form and return it with your application. This information will be held in confidence.

Name:

Date of birth:

Sex:

Please tick where applicable

Do you consider yourself to be a person with a disability? Yes ☐ No ☐

I would describe my marital status as:

Single	☐	Separated	☐
Married	☐	Widowed	☐
Civil Partnership	☐	Divorced	☐
Living with partner	☐		

I would describe my sexuality as:

I would identify myself most with this ethnic group: (Please tick one)

White UK	☐	Black British	☐
White Irish	☐	Black African	☐
Pakistani	☐	Mixed Parentage	☐
Indian	☐	Vietnamese	☐
Bangladeshi	☐	Chinese	☐
African Caribbean	☐	Other (Please specify)	☐

Please send the filled-in form to the following address.

Birmingham Shared Lives
Room 23
Southside Business Centre
249 Ladypool Road
Birmingham
B12 8LF

If you have any questions, please phone **0121 464 3164** or email **sharedlives@birmingham.gov.uk**

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naaps

We are registered with the Care Quality Commission (CQC) We are members of the National Association of Adult Placement Schemes (NAAPS)