**Care Provider**

**Initial Registration form**

Thank you for your interest in joining BS3 Community Care as an independent self-employed care professional. We are looking for passionate and dedicated Care Providers (Care Workers/ Support Workers/ Personal Assistants etc.), to provide exceptional support to the local community in the BS3 postcode area of South Bristol and be part of this exciting and innovative new Care Introductory Service.

Please complete this initial registration form and return to Carla.snell@bs3community.org.uk

We will then get in touch to arrange an informal chat and to discuss next steps.

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title:  |  | Full Name: |  |
| Address: |  |
| Email: |  |
| Phone no:  |  | Date of birth: |  |
| National insurance no: |  |
| How did you hear about us? *(e.g. social media, word-of-mouth, indeed, email newsletter, BS3 staff etc)* |  |

**Employment details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your current employment status? (please tick **all** that apply) | I am in full-time employment |  | I am in part-time employment |  |
| I am self-employed |  | I don’t currently work in a paid role |  |
| If you are self-employed, please provide your **unique tax reference (UTR) number**: |  |
| If you are **not** self-employed, do you require support and guidance on becoming self-employed?  | Yes / No |
| Do you have relevant public liability insurance? (i.e. to carry out work as a care provider) | Yes / No |
| If yes, please provide the name of the insurance provider  |  |
| Do you have the right to work in the UK? | Yes / No |
| If you are working with a visa, please provide details on the type of visa you hold:*(please note there are some types of visas that do not permit self-employed work. It is your responsibility to check if you are eligible to register as self-employed with the HMRC).*  |  |
| Do you have up-to-date **enhanced** DBS clearance?  | Yes / No  |
| Are you registered with the DBS update service? | Yes / No |
| Are you a member of any professional bodies in the health or social care sector? (e.g. CQC, HCPC, NACAS?If so please provide details: |  |

**Care sector experience**

|  |
| --- |
| Do you have experience (current or previous) in care or PA work, or in the health or social care sectors? Please provide some brief background information about your professional experience including any specific areas of interest or expertise in health, social care, and wellbeing work. If you have an up-to-date CV, please send along with this completed form. |
| *(Don’t worry if you don’t have experience in care work – we will offer guidance and advice to those who are new to the care sector. Please just provide some information on why you are interested in entering this area of work).* |

|  |
| --- |
| Is there any other information you would like to share? |
|  |

*Thank you for taking the time to complete this registration form. If you have any questions or queries, please don’t hesitate to get in touch to discuss.*