

## SECTION 1 – PERSONAL CONTACT DETAILS

Title :  Mr  Mrs  Ms  Miss  Other

Your Full Name:

Date of Birth (dd/MM/yyyy):

Your Address:

Postcode:

Daytime Tel:  Mobile:

Email

Do you have any restrictions on being able to work in the UK?  Yes  No

Please supply your UTR if you have one.  
(Unique Tax payer reference number)

Please indicate what areas of the Isle of Wight you are able to work as identified on the list on appendix A

## SECTION 2 – SKILLS & EXPERIENCE

Do you have any specialist skills or experience that you wish to use?  Yes  No  
*This could be through employment, volunteering, training or personal experience.*

If 'Yes' please give details below:

Are you currently working as a personal assistant?  Yes  No

**Types of care to be provided by personal assistants include; please read the below and indicate what areas you are happy to cover**

**Personal care**

*Personal care includes all support with washing strip wash or shower applying cream as and when required*

Yes  No

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**Managing toilet needs**

*Toilet needs include support with accessing the toilet changing and maintaining incontinent pads applying cream to prevent skin breakdown in some cases and emptying commodes*

Yes  No

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**Maintaining nutrition**

*Support with providing breakfast lunch or dinner this may include making a hot meal or a ready meal and shopping for the person In some case this may include encouraging the person to take an active part in food preparation*

Yes  No

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**Developing and maintaining relationships**

*This area covers supporting people in their parenting role getting children ready and taking them to school or transport to attend support groups*

Yes  No

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**Support with getting dressed**

*Providing support to help people getting dressed and undressed as part of the wider personal care role*

Yes  No

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**Maintaining a habitable home environment**

*Some people need support to ensure their home is kept clean as they can no longer do this.  
Vacuuming and keeping all areas clean it also includes laundry of clothing and bedding during the week as agreed in the support plan*

Yes  No

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**Support to access the community education or work**

*This area can cover a vast range of activities that are important to the individual from attending hospital appointments going out for lunch attending day centres etc.*

Yes  No

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**Providing respite**

*In certain circumstances some PA's may provide respite in their own homes with the person they have been supporting, this will involve discussions with the family to ensure they are comfortable with this*

Yes  No

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**Work with pets:**

Yes  No

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**Emergency cover:**

Yes  No

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**Bank Holidays / Weekend cover:**

Yes  No

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**Sleep In work:**

Yes  No

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**Working with smokers:**

Yes  No

## SECTION 3 – TRAINING

<b>When training becomes available would you be willing to undertake training, as provided by the Isle of Wight Council or other providers</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you previously undertaken induction training with a registered support provider</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Can you supply copies of certificates for induction training undertaken</b> If 'Yes', please provide a copy of your certificates with this application	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you undertaken NVQ level and/or Care Certificate training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Can you supply copies of certificates for NVQ and/or Care Certificate training undertaken</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you undertaken First Aid training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you undertaken manual handling training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you have or are currently undertaking any training which you feel may be relevant please give details of the courses and the dates.**

*Please provide copies of any certificates where possible*

Date	Title of Training

**SECTION 4 – INSURANCE & DRIVING**

<b>Do you have current public liability insurance?</b> <i>If 'No' please contact the PA market team for advice</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a valid driving licence?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have use of a car for work purposes?</b> <i>If 'Yes', please provide a copy of your insurance</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have any driving convictions</b> If 'Yes', please give details below	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date	Details of driving offence and conviction code

**SECTION 5 – ANY OTHER USEFUL INFORMATION**

Use the box below to tell us anything you would like to tell us about yourself including any medical conditions and previous experience?

**Rehabilitation of Offenders Act 1974 and Exception Order 1975**

Personal Assistants may 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.

**Do you currently have or are willing to have an Enhanced Disclosure and Barring Service (formerly CRB) check carried out? If you currently have clearance please provide a copy.**

- I currently have DBS clearance
- I am willing to have a DBS check
- I am not willing to have a DBS check

If you select 'I am not willing' and indicate that you are not willing to have a DBS check you may not be able to apply for vacant posts on the PA Noticeboard

Please note that we would apply for a DBS check only after you have gone through the accreditation 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 record your details on a secure PA website (you will have registered on the PA Noticeboard 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 IOW Personal Assistant Accreditation. 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

**PLEASE NOTE:**

**Once we process your application, we expect that you will register on the IOW Personal Assistant Noticeboard website and have completed the Accreditation 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 the IOW Accreditation process within three months, and unless you contact us; your details will be removed from our system and will need to reapply.**

**Please send this completed form to:**

[Pamarket@iow.gov.uk](mailto:Pamarket@iow.gov.uk)

**Or by post:**

Isle of Wight County Council, PA Notice Board, Enterprise House, St Cross Business Park, Newport, PO30 5WB

## ANNEX A – Area of work

Freshwater & Surrounding	<input type="checkbox"/> Yes
Cowes & Surrounding	<input type="checkbox"/> Yes
East Cowes & Surrounding	<input type="checkbox"/> Yes
Newport & Surrounding	<input type="checkbox"/> Yes
Ryde & Surrounding	<input type="checkbox"/> Yes
Brading, St Helens & Bembridge	<input type="checkbox"/> Yes
The Bay Area	<input type="checkbox"/> Yes
Ventnor & Surrounding	<input type="checkbox"/> Yes

