

**Clarecare**  
**Harmony Row, Ennis, Co. Clare. Tel: 065 68 66 222**  
**Home Care Services**  
**Panel of Home Helps**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Telephone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Do you have a medical card: Yes/No. \_\_\_\_\_ Medical card No: \_\_\_\_\_ PPS No: \_\_\_\_\_

State mother's maiden name: \_\_\_\_\_ Are you legally entitled to work in this country? \_\_\_\_\_

(Only citizens of the EEA (which comprises of EU Member States, Iceland, Liechtenstein, Norway or Switzerland) can legally work in Ireland without additional permission.

**FETAC Level 5 - Community & Health Care award required:** No of Modules you have obtained:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

Education: \_\_\_\_\_

Other Certificates/Training: \_\_\_\_\_

Previous employment and experience: \_\_\_\_\_

**Hours available - state days and times:** Mon: \_\_\_\_\_ Tue: \_\_\_\_\_

Wed: \_\_\_\_\_ Thur: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Means of Transport: \_\_\_\_\_ Have you a full clean driving licence? \_\_\_\_\_

Are you in good physical health? \_\_\_\_\_

Do you have a back injury or history of back injury/pain? \_\_\_\_\_

**Additional relevant information:** \_\_\_\_\_

**Important** Are your working hours limited due to Social Welfare payment? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify Social Welfare payment type: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ .

**Please attach two written references and a photocopy of your driver's licence.** (Photocopy of your passport if you do not have a driver's licence acceptable). Incomplete application forms cannot be processed.

**Short listing for the panel may apply.**

**Declaration:**

I declare that I have no past, present or pending convictions or any other reason which would render me unsuitable to work as a Home Care.

I also declare that all the information given on and with this form is true. I accept that if any of this information is found to be **inaccurate or misleading, it will result in my dismissal from any position** which I may be offered by Clarecare.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application form to:  
Cathal O'Neill, Home Care Manager, Clarecare, Harmony Row, Ennis, Co. Clare.