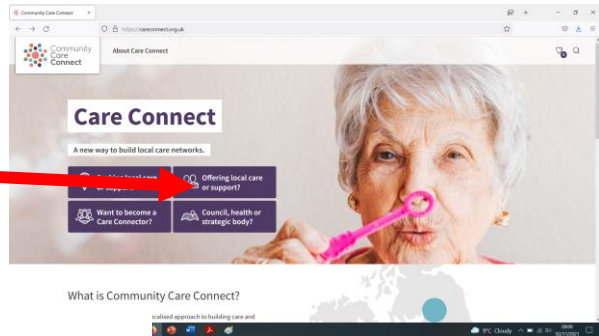


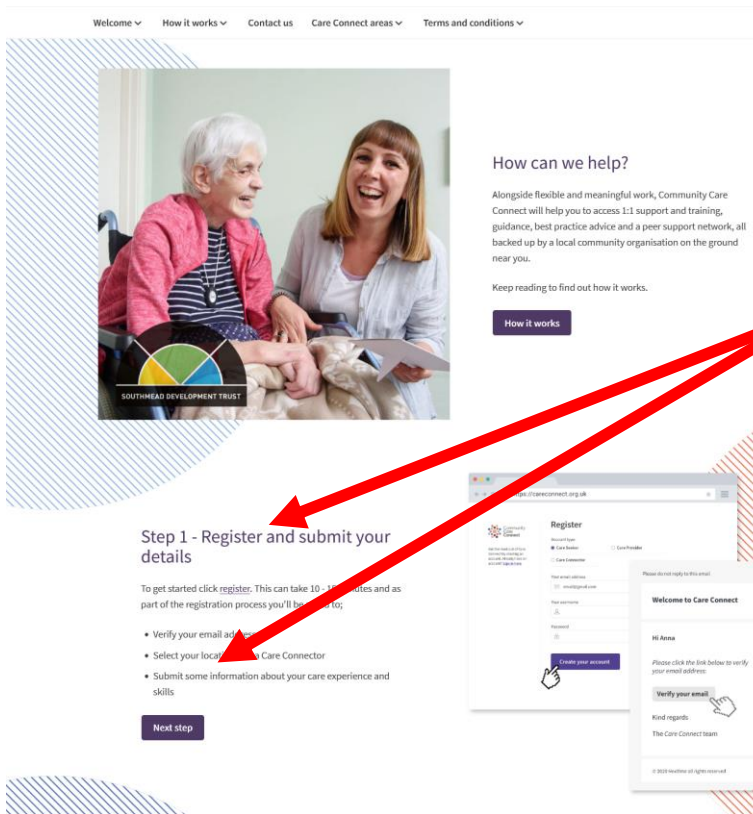
How to register as a Carer with your chosen local service.

1. Navigate to www.careconnect.org.uk and click on the purple tile 'Offering local care or support?'

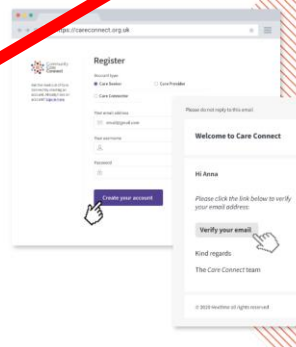


Offering local care or support?

Community Care Connect can help you find and manage your work with local people who are seeking to employ Personal Assistants, Care or Support Workers near to them.



2. On the following page, click on 'register' or the Next Steps' button



3. On the Registration page click the 'v' to view the rules and data policy, then tick the box to continue.

Register

Account type

☒ Care provider

☐ Care seeker

Tick the box to indicate you are seeking to provide care.

Choose a username

Type your username here

Choose a username which must be letters of numbers (no special characters) and over 6 characters.

Enter your email address

Type your email address here

Enter your email address.

Choose a password

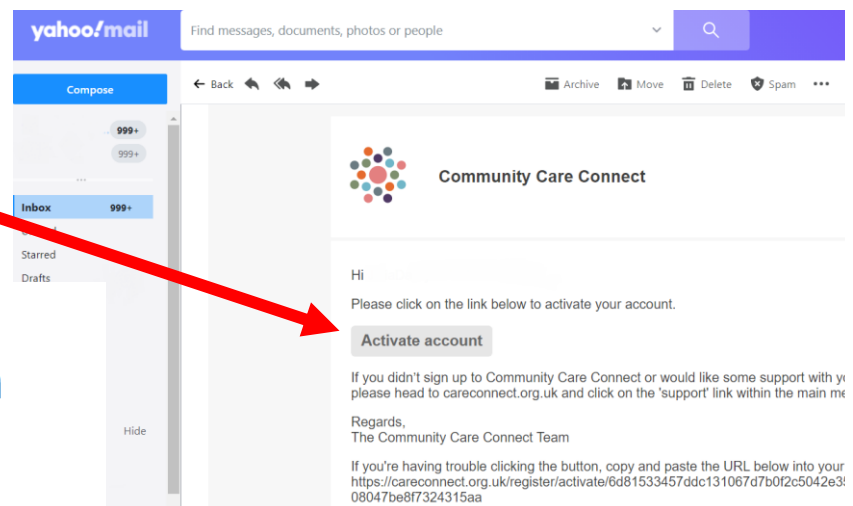
••••••••

Show

Choose a password.

Create your account

Go to your email and click on 'Activate Account' or cut and paste the URL from the text below.



Account created now add your postcode and location

Your postcode

Select your Find your community

☐ Bristol

☐ Devon

☐ Newport (test)

☐ None apply

Then add your home postcode and choose a community near you – or if you don't have one near you, choose 'None Apply.'

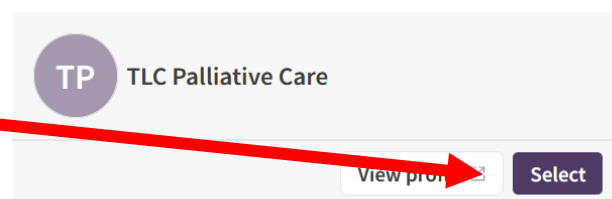
Set postcode and continue

Choose a member to link to

Below you can select the member you would like to link yourself with

You will be presented with a choice of providers to sign up with, or your nearest provider if there is only one.

If you are unsure about who to sign up with, or don't want to sign up with any of those near you, select 'no good option' and click 'Next.'



No good option for you

If you don't see any other options or aren't sure which option is best we can help. Just click select and someone will be in touch. [Learn more](#)

Select

You will then be invited to complete your registration application to the provider that you selected.

The registration application is a series of questions aimed at finding out more about you, your background, experience and skills. Your local Care Connect provider or Introduction Service needs this information in order to make good matches to people seeking care or support at home – matches that suit you as well as the person seeking support.

Introduction

Please complete the form below to register your interest in providing care or support. This will help us to the best work matches for you. Once submitted your local Care Connector will be in touch to progress your registration.

About you

Your full name

Your date of birth


Your address

Your landline number

Your mobile number

Your email

Your gender

Male 

Please tell us which languages you speak



What types of role(s) are you looking for?

Please select any of the care and support roles you are seeking.

<input type="checkbox"/> Companionship / Sitting Service	 
<input type="checkbox"/> Domiciliary Care or Support	
<input type="checkbox"/> Enabling Support	
<input type="checkbox"/> Live-in Care / 24 hours	

Previous experience in care and support roles

Please indicate which settings you have previously worked in. (Previous experience is not a requirement for all roles.)

<input type="checkbox"/> Live-in Care (Caring for an adult whilst in their home)	 
<input type="checkbox"/> Domiciliary Care (Short visits to a client's home)	
<input type="checkbox"/> Residential Care Home or Nursing Home	
<input type="checkbox"/> Enabling Support / Community Work	

When did you start your career as a care professional?

When did you start your career as a care professional?

In total, how many years have you worked as a professional carer?

- ☐ None
-
- ☐ Up to 1 Year
-
- ☐ 1-2 years
-
- ☐ 2 - 3 years
-
- ☐ 3 years or more
-

Which age groups have you cared for?

- ☐ Children
-
- ☐ Adults
-
- ☐ Elderly
-
- ☐ None of the above
-

Care experience

Which care/support activities do you have experience in and/or would you be willing to undertake?

Which activities are experienced in?

- ☐ Accompany to appointments
-
- ☐ Alzheimer's / Dementia support
-
- ☐ Bathing / washing assistance
-
- ☐ Catheter care
-



Do you have any experience in supporting people with any of the following conditions?

- ☐ Alcoholism
-
- ☐ Alzheimer's
-
- ☐ Anxiety
-



Do you have the following


☐ A current, valid Driving Licence

☐ Use of a car

☐ Proof of car insurance

☐ Current and valid self-employed Carer or Personal Assistant insurance?

Any other relevant experience or information? (Please describe)



Do you have a DBS check that is less than 2 years old?

☐ Yes

☐ No

DBS Check Date

dd/mm/yyyy

Organisation

DBS Check Reference Number

Which type of check do you have? (Please tick.)

☐ Basic

☐ Enhanced

☐ Enhanced with Barring list

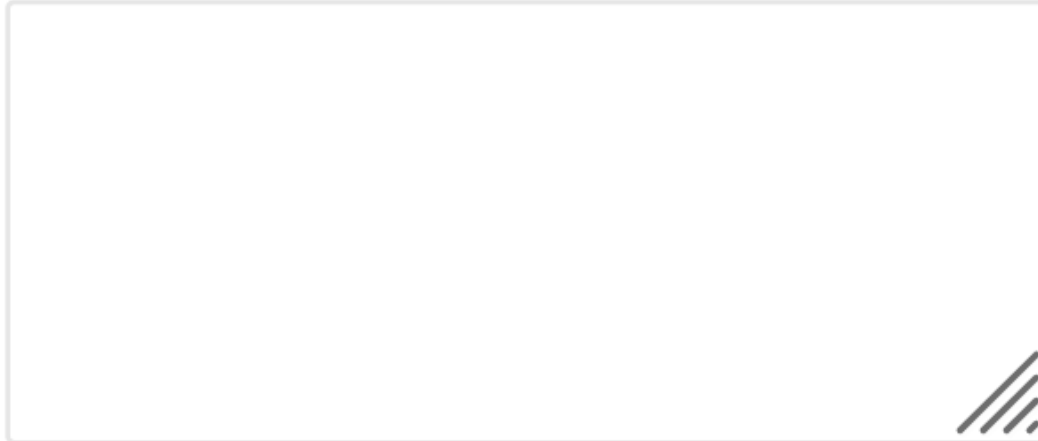
Are you registered with the DBS Update Service?

Yes



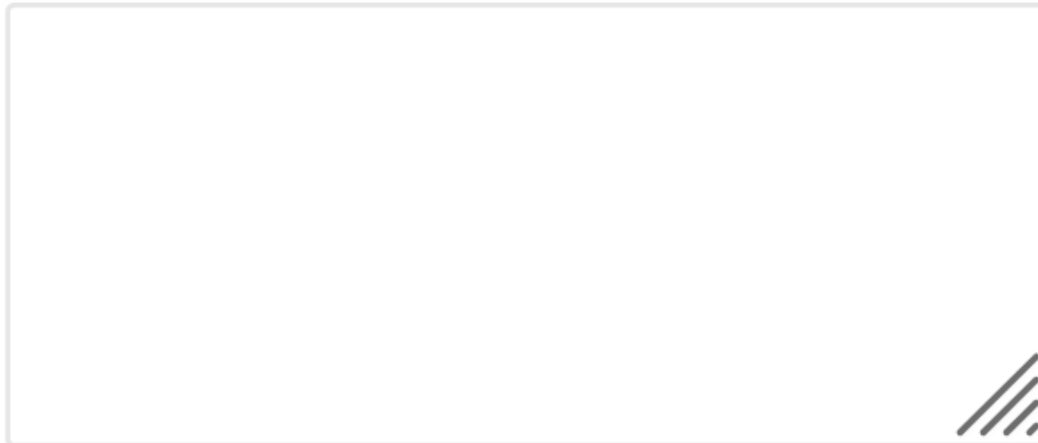
Education and Qualifications

Please list all relevant qualifications from school upwards



Format: Year | Subject | Level | Institution name

Any other professional training? (E.g., Safeguarding, Dementia Awareness, First Aid.)



Format: Date | Course title | Awarding body

Employment history

Employer one

Job title and employer




Description of role and responsibilities



Employer two

Job Title and Employer

Description of role and responsibilities



Dates (From / To)

Caring availability

When are you available to start?

How many days per week, and hours per day, are you seeking?

Please indicate whether you are available for:

☐ Early mornings / mornings

☐ Day time

☐ Evenings

☐ Night shifts (waking nights)

☐ Night shifts (sleeping nights)

☐ Weekends

Monday

Can you be flexible around these times (above)?

Yes

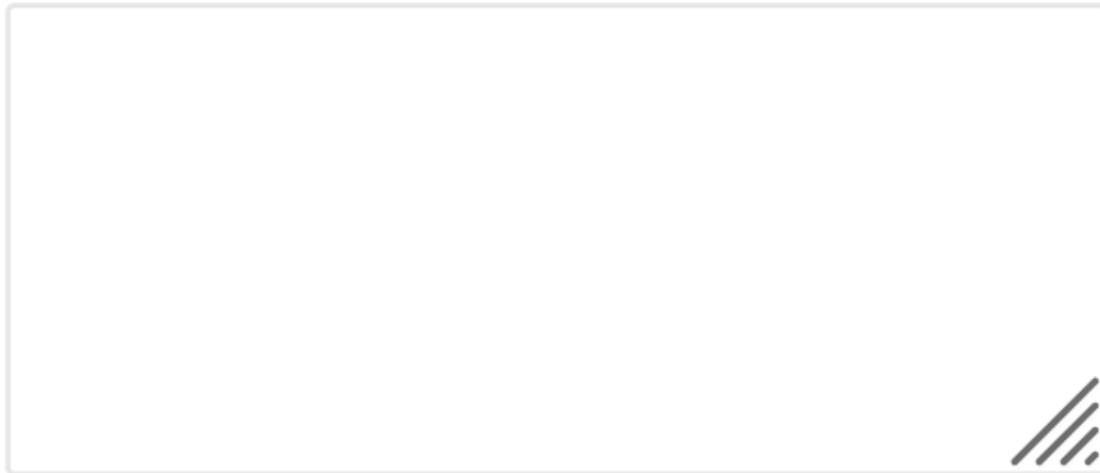


Are these days/times likely to change on a weekly or monthly basis?

Yes

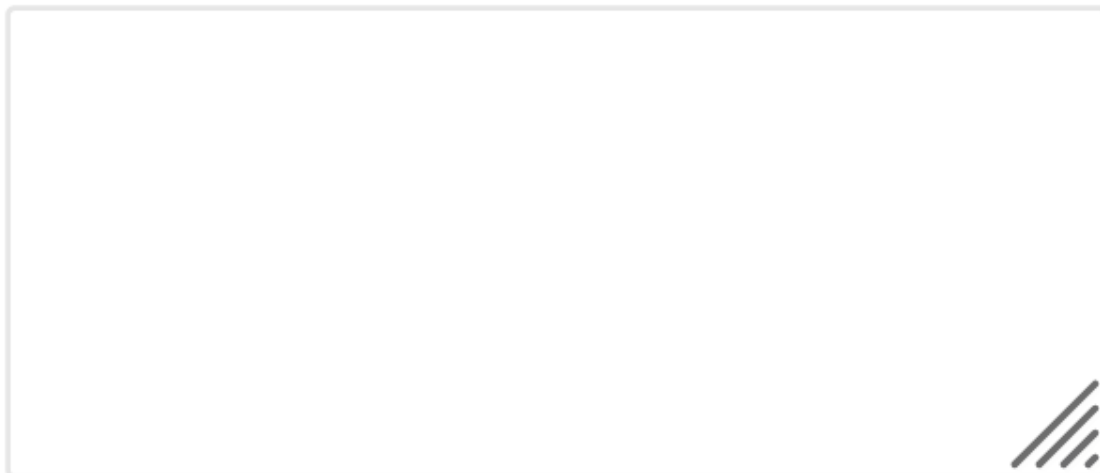


Where are you prepared to work (please describe the area, listing villages etc)



Personal statement

Please explain why you are seeking care work and what you want from it.



Reference checks


Please give us the details of your current or last employer. We will contact them to get a professional reference to support your registration, so you should check with them that they are happy to provide this.

Their full name



Their telephone number

Their address



How do you know this person?

Permissions

- ☐ I have the right to work in the UK
- ☐ All the information provided here is accurate and true
- ☐ I am happy to share this information with Care Connect and partners in order to approve my application

Would you like to be kept informed of:

- ☐ Training or Professional Development opportunities

-
- ☐ I don't have any cautions, convictions or warnings that would appear on an enhanced DBS check

Submit

Once you press submit, a notification of your registration will be sent to your selected Introduction Service provider or Connector organisation.

They will then contact you directly to arrange to meet in person for an interview.

At this point they will ask to see your proof of identity documents and any other paperwork relevant to your application, such as existing DBS check and training certificates.

Once this process has been completed and your registration is approved, you are ready to start meeting and working with new clients.

If you have any questions throughout this process, contact your selected Introduction Service provider or Connector organisation.