

JOB APPLICATION FORM

98 Beulah Road
Thornton Heath
Surrey CR7 8JF
Tel/Fax: 020 8916 3348
Tel/Fax: 020 8916 1818

Position: **Care & Support Worker**

Application Form should be completed by hand (not typed or word processed)

PERSONAL DETAILS

Last Name: _____

First Name: _____

Have you ever been know by another name: Yes [] No []

If "Yes" please specify:

Address:

Telephone: _____

Mobile: _____

Next of Kin: _____

Telephone: _____

Date of Birth: _____

Nationality: _____

Naitional Insurance Number: _____

Do you hold a full driving licence: Yes [] No []

Details of any driving endorsements:

Do you have use of a car? Yes [] No []

Is your car insured for business use? Yes [] No []

To be completed by non-European Union nationals

Date of entry into the UK: _____

Do you require a work permit?: Yes [] No []

If "yes" then what type:

Expiry date:?

EDUCATION/QUALIFICATIONS

School/College	From	To	Qualification obtained

Continue on separate sheet if required

TRAINING

Training course	From	To

Continue on separate sheet if required

EMPLOYMENT HISTORY

Please account for all gaps in employment (include periods of unemployment and any unpaid voluntary work)

Position held	Employer	From	To	Qualification obtained

Continue on separate sheet if required

Have your ever been dismissed form an job: Yes [] No []

If "Yes" then what was the reason:

Have you been subject to any form of disciplinary action: Yes [] No []

If "Yes" then what was the outcome:

EXPERIENCE, KNOWLEDGE, ABILITIES AND SKILLS

Please use this space provided below to write about your experience, knowledge, abilities and skills relevant to the post for which you have applied, drawing on all aspects of your education and experience, including both paid and unpaid work. Please refer to the Person Specification and Job Description when completing this section. Please add an additional sheets of paper if required.

EXPERIENCE:

KNOWLEDGE:

ABILITIES:

SKILLS:

PERSONAL PROFILE

Please provide a brief statement about yourself, your talents and any other information related to you.

HEALTH QUESTIONNAIRE

Do you suffer from or have you ever suffered from any of the following conditions?

- Allergies Yes [] No []
- Eczdema, dermatitis or skin problems Yes [] No []
- Epilepsy Yes [] No []
- Hernia or rupture Yes [] No []
- Mental illness (Including acute anxiety or medical depression) Yes [] No []
- Migraine Yes [] No []
- Rheumatsim or stiff joints Yes [] No []
- Serious backache, slipped disk, sciatica or back injury Yes [] No []
- Wrist, arm, shoulder or neck problems, repetitive strain injury (RSI) Yes [] No []
- Angina, heart probelms or circulatory disorders Yes [] No []
- Asthma Yes [] No []
- Bronchitis or chest infections Yes [] No []
- Diabetes Yes [] No []
- Stomach or intestinal disorders, ulcers Yes [] No []
- Tuberculosis (TB), Hepatitis, HIV/AIDS, or other infections Yes [] No []
- Any condition requiring long term medical help or treatment or medication on strict timetable Yes [] No []

If you have answered 'Yes' to any of the above questions, please provide further details below:

HEALTH DECLARATION

I have no reason to believe that my health will interfere with my ability to undertake the duties of the assignments for which I have applied, or affect my ability to attend work on a regular basis.

To the best of my knowledge and belief, the information given above is correct. I understand that if I offered assignments and the information I have provided is false, I could be liable to dismissal.

Signed: _____

Date: _____

REFEREES

Please provide your two most recent employers as referees. If you have not been employed please give the name of the head of education or training establishment and/or the manager of a voluntary group for whom you have worked. Please provide the latest address and telephone numbers.

<p style="text-align: center;">Referee 1:</p> <p>Name: _____</p> <p>Job title: _____</p> <p>Capacity known: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Period known: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Full address (including post code): <input style="width: 100%; height: 40px;" type="text"/></p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p style="text-align: center;">Referee 1:</p> <p>Name: _____</p> <p>Job title: _____</p> <p>Capacity known: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Period known: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Full address (including post code): <input style="width: 100%; height: 40px;" type="text"/></p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>
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CRIMINAL CONVICTIONS

The nature of the work involved the position for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions Order) 1975. This means that you must disclose any criminal convictions found against you., even if they might otherwise be regarded as spent.

Has your employment ever been convicted of a criminal offence: Yes [] No []

If yes, please give details of the conviction(s) and date(s):

Signed: _____

Date: _____

DECLARATION

The information I have given in this application is, to the best of my knowledge, true at the time of writing. I have no business or other interests which are likely to conflict with my employer or with the duties I would be required to fulfill if appointed to the post.

Signed: _____

Date: _____