

POSITION APPLIED FOR: Support Worker*Please complete this Application Form in block capitals in black or blue ink***A: PERSONAL DETAILS**

Title (Mr/Mrs/Miss/Ms/other): _____ Surname: _____ Forename(s): _____

Address: _____ Postcode: _____

Telephone *Private*: _____ *Mobile*: _____

Place of Birth: _____ Nationality: _____

E.mail address:- _____

B: HEALTH & DISABILITIESDo you have any disabilities which may be relevant to this Job Application? **YES / NO**

If so, please describe them: _____

Are you Registered Disabled? **YES / NO** RDP No: _____Overall state of health: **EXCELLENT / GOOD / POOR**Hearing: **EXCELLENT / GOOD / POOR**Eyesight: **EXCELLENT / GOOD / POOR SPECTACLES / CONTACT LENSES / NEITHER**

Please give details of any medical condition for which you have received treatment in the past 3 years:

C: DRIVING RECORDAre you a car owner? **YES / NO** Make / model / year: _____Current Driving Licence: **PROVISIONAL / FULL / PSV / NONE**

Driving Licence valid from: _____ to: _____

Details of current endorsements : _____

Have you ever been disqualified from driving, or had insurance refused? **YES / NO**

If "YES" please provide brief details: _____

D: EDUCATION & PROFESSIONAL TRAINING (from year 11)

Education Centre (<i>school, college etc</i>)	DATES		Qualifications gained
1. Secondary Education (<i>secondary school</i>)			
2. Higher Education (<i>university / college / polytechnic</i>)			
3. Further Education (Professional Training)			
4. Membership of Professional Organisation / Trade Union			

E: LEISURE ACTIVITIES

Please provide brief details of your hobbies, sport and other leisure pastimes in which you participate:

Languages (other than English) : _____ SPOKEN / FLUENT / WRITTEN / READ
 : _____ SPOKEN / FLUENT / WRITTEN / READ

F: CRIMINAL RECORD CERTIFICATES

If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are entitled to ask Exempted Questions as defined by Section 113(5) of the Police Act 1997 about you. From July 2002 we are required by The Domiciliary Care Agencies Regulations 2002 to acquire a Criminal Record Certificate in relation to any person who is a Care Manager or Domiciliary Care Worker. This means that if your application is successful we will obtain from the Criminal Records Bureau a Criminal Record Certificate relating to you before your appointment is confirmed.

Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the "Code of Practice for Registered Persons and Other Recipients of Disclosure Information" published by the Criminal Records Bureau on behalf of the Home Office, and we will provide you with a copy of it upon request.

G: EMPLOYMENT HISTORY

Please provide details of all employment, beginning with your present or most recent job first. Give FULL explanation for any gaps in employment history and sign alongside.

DATES		Employer	Salary	Position(s) held	Reason for leaving
from	to				

H: VOLUNTARY & COMMUNITY WORK EXPERIENCE

DATES		Organisation	Position(s) held	Duties
from	to			

I: JOB FLEXIBILITY

Prepared to work: FULL-TIME / PART-TIME /

If PART-TIME please indicate preferred hours: _____

Details of any other work which you will continue to undertake if you are offered this Job Position:

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM: _____

J: REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

1. Name: _____
Address: _____

Telephone Number: _____
Occupation: _____

2. Name: _____
Address: _____

Telephone Number: _____
Occupation: _____

Interviewers Comments

Interviewers Signature

Date

REHABILITATION OF OFFENDERS ACT 1974 NOTICE TO OFFENDERS

Due to 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 are NOT entitled to withhold information relating to any convictions you may have or had, even if they might otherwise be regarded as spent.

Do you have any convictions? **Yes/No**

If yes, please give full details on a separate sheet and attach to this application.

This information will be treated as confidential and will not necessarily preclude you from being offered assignments.

DATA PROTECTION ACT 1998

As part of this application you give Your Care Solutions Ltd permission to collect, retain and process information about you such as age, gender and ethnic origin. This information will only be used so that we can monitor our compliance with the law. The information you provide may be given to Social Services Departments if requested.

DECLARATION BY JOB APPLICANT

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: _____

Your Care Solutions Ltd IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability

DECLARATION FOR THE REHABILITATION OF OFFENDERS ACT 1974 (POVA SCHEME)

The post for which you are applying is covered by the Protection of Vulnerable Adults scheme (POVA). It is a **criminal offence** for a person included on the POVA list to apply to work in a care position. The post is also exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended. This means that **all convictions**, including those that are 'spent' under the terms of the Rehabilitation of Offenders Act 1974 **must be declared**.

The information provided will be taken into account in deciding whether to make an appointment or not. It will be completely confidential and will be considered only in relation to this application.

If your application is successful you will be required to co-operate with us in obtaining a disclosure of criminal convictions from the Criminal Records Bureau and in checking your details against the POVA list.

Declaration

Are you included or provisionally included on the POVA list?

Answer "yes" or "no" _____

Have you ever been convicted in a court of law or accepted a police Caution, reprimand or final warning in respect of any offence?

Answer "yes" or "no" _____ if "yes" give full details

Surname (print) _____

Forenames (print) _____

If you have previously had any other surname(s) or forename(s). you must declare all of them below and state the date of each change and the reason.

Signed _____ Date _____

Registration/Pin number (if applicable) _____